MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3359 4 should be Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Poge CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) and give negrest town) director. p d. NAME OF HOSPITAL OR INSTITUTION not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? files. YES NO Z NAME OF First DATE Day erai Month Year Aaronsonion DEATH (Type or print) 1960 9. AGE (In years 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DAJE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 2 with B Months Hours WIDOWED P DIVORCED yrs. 0 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (7) . BIRTHPLACE (Stoterer foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, fiven if retired) puo pe Stours ur 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Pages 1, Page 15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes, give war or dates of service) Give PM3. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 180 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Item DUE TO with Conditions, if ony, which in pencil guojo gave rise to Immediate cause certificate shauld pending" in penc DUF TO (a), stoting the underlying couse last Examiner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 0.5 PERFORMED? YES 🗍 NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) be to the certificate, writing the ward warded to the Chief Medical Exam FUNERAL DIRECTOR: Page 3 should 3 should 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc. While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A. Inquiry and find that death resulted from: Natural causes Accident 2, Suicide . Hamicide Undetermined cause DATE SIGNED ACTUAL

22c. NAME OF

ASSISTANT MEDICAL EXAMINER

24c. REC'D BY REGISTRAR

22d. LOCATION (City, Jown, or county)

160

24b. REGISTRAR'S SIGNATURE

anthun S. Krund

(Stote)

DEPUTY MEDICAL EXAMINER

DATE APR 1

DEPUTY

SIGNATURE

EXAMINER'S

NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOI

23. FUNERAD DIRECTOR'S SIGNATURE

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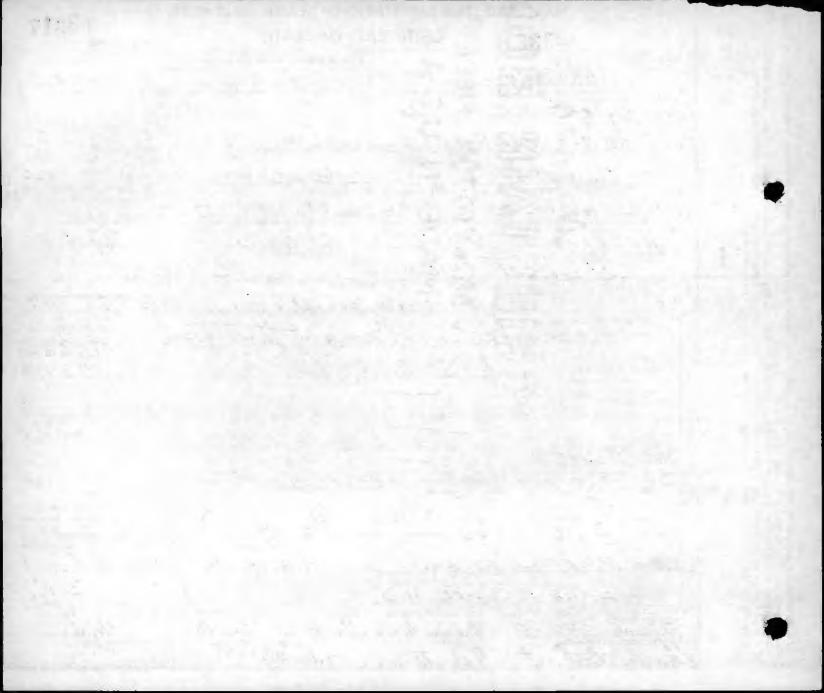
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246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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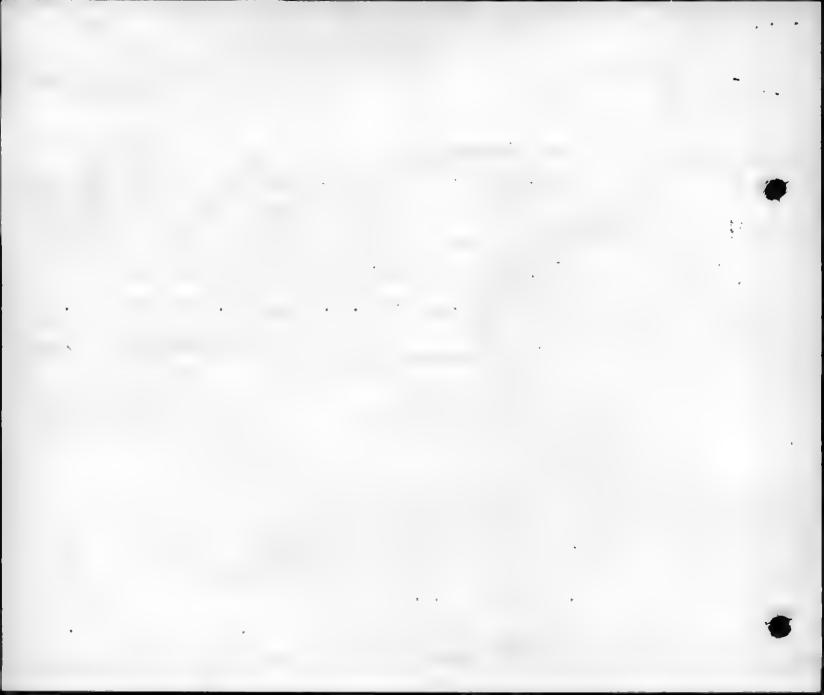
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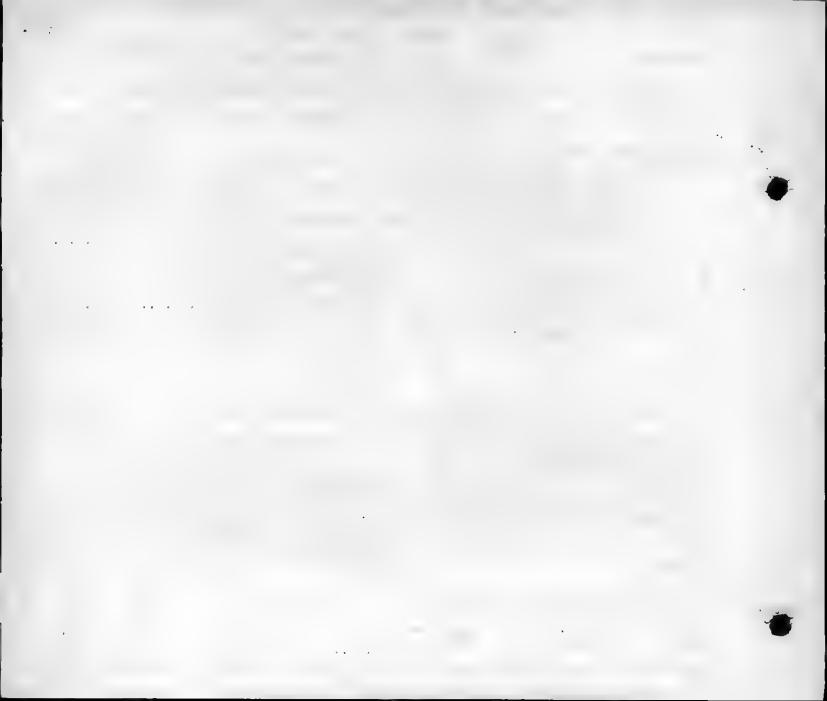


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	Ź	NAME OF HOSPI	TAL (If not in hounited, give	street ordered	d. STREET	ANDRESS	<i>?</i> .	e. IS RESIDENC	
9,4	4	OR INSTITUTION	TAL (If not in hospital, give	Hosp	d. Miller	ADDRESS (		ON A FARM	42 -
		NAME OF DECEASED Type or print)	Find Baby	Middle Boy	CATRO	4. DATE OF DEAT	I.	2 196	0
	5. !	EX	11. 11	MARRIED NEVER MARRIE	150 - 11	TH .	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 I	HRS.
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-/	13.	FATHER'S NAME			14. MOTHER	S MAIDEN NAME	AND Y AND	O.D.R.	
		Ed	CATRON		tego	1, 211	CER		
	15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	16 SOCIAL SECURITY NO.	17. INFORMANT	7	Addres	13	
		no		none	Edward Ca	atron Be	el Air, R.I		
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		cause (a), stating lying cause last.							
J	CATION		(c)	IONS CONTRIBUTING TO DEA	TH BUT NOT RELATED T	O THE TERMINAL DISEA	ASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTO PERFORMED YES NO	17
	CERTIFI	20s. ACCIDENT WAR OR CONTRIBUTING	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER	b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture	of injury in Part I or Pa	ort II of item 18.)		
	MEDICAL	20c. TIME OF INJUI		20d. INJURY OCCURRED While Not while of work at work	Oe. PLACE OF INJURY foctory, street, office	(Hame, farm, 20f. (Ci	ily or lown)	(County) (St	late)
	2	p. m.	not I attended the de	(7)	366 4, 1960	i ald	22.6 210.0	that I lost sow the dece	
		olive on	tard a					id on the date stoted al	
	1	01,10 011		12 0	sediir occorred d		(Street, city or town, st		
		ACTUAL SIGNATURE	E believed "	X - Marke	Ele M.D.				
- 1		PHYSICIAN'S NAME (Type)	ERLIND	A L. MA.	RBELL	- A			<b>+</b>
'n	220		N. 22b. DATE THEREOF		ERY OR CREMATORY	22d. LOC	ATION (City, town, or	county) (Slote)	
		REMOVAL (Specify		THE THE PARTY OF T				ford Md.,	
	23/	FUNERAL DIRECTOR	'S SIGNATURE'	ADDRESSAbin	gdon,Md.,	DATE MAD 9		RAR'S SIGNATURE	
b o		2071	222XVI	<i>f</i>					





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3			MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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7		3366	Trem TH,	Film CERTIFICATE	OF DEATH		
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Rea. Dist. No. Protection . 2. USUAL RESIDENCE (Where deceased lived. If institutions Residency before admission)

1. PLACE OF DEATH  o. COUNTY	11 A B WI A A B A	2. USUAL RESIDENCE (Where doceased lived. If institution: Residence before o. STATE b. COUNTY	admission)
IT ARFORD	MARYLAND	MC NAC	FARLS
b CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town) / /	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give near	est fown)
HAURE OF YRACE	10 days	14 AURC de SPRACE	
d. NAME OF HOSPITAL (If not in hospital, give street odds or INSTITUTION	1 Stas Ptal	id. Street ADDRESS	IS RESIDENCE ON A FARM? YES NO (A)
17 14 1-0KD 1 15 19 0 KI 14	1 140-11/41	11480 11 0 NIVIN 110-1	12   140
3 NAME OF DECEASED (Type or print) AIFREDA	Middle	Duchette, DATE Month Day	Yeor 1960
S. SEX 6. CÓLOP OR RACE 7. MARRIED WIDOWED			Hours Min
106) USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life even it fetired)	D OF BUSINESS OR INDUI	11. BIRTHPLACE (State or foreign activity) 12. CITIZEN OF	WHAT COUNTE
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
Altroso MOX	RIN	Unknown	

17, INFORMANT

-			
	PART 1. DEATH WAS CA	used by: CAUSE (a) Hilams - Stokes Disease	INTERVAL BETWEEN ONSET AND DEATH 2 CLALLYS
	Conditions, if any, which	DUE TO Antiroseptal infact ion	16 days
	gove rise to immediate couse (o), stating the under-	DUE TO A. S. CV. V. D	3-4 year
N O	PART II OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OF ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18)

20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour o. m While Not while of work of work p. m.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, affice bldg, etc.)

(County)

(State)

YES NO FIN

19 00 that I last saw the deceased 21. I certify that I attended the deceased from \_M, from the causes and on the date stated above. ADDRESS (Street, city of lown, stote) DATE SIGNED

ACTUAL SIGNATURI

Address

MYWE (IAbel >	CALAPPEC		<u> </u>
BURIAN CREMATION,	226 DATE THEREOF	22c, NAME OF CEMETER	Y OR CREMATO

(Stote)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/5S

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IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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CERTIFICATE OF DEATH

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030;	CERTIFICA	AIL OI DEAIII	Reg. Dis	it. No.
1. PLACE OF DEATH COUNTY HAR TORD	MARYLAND	2 USUAL RESIDENCE Where	deceased lived. If institutions Resident	te before admission)
CITY OR TOWN (If outside corporate limits, write c. LE RURAL and give nearest fown)	GO AUS	CITY OR TOWN (IF outs	ide corporate limits, write RURAL and g	give nearest lown)
d NAME OF HOSPITAL IN not in hospital, give street address OR INSTITUTION  AREA COMPANY OF THE C	Etal	d. STREET ADDRESS 7	val Ave	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle E	US NCC	OF DEATH DARCH	Day Year
- FRMALC WILL WIDOWED &	NEVER MARRIED []		.875 loss birthdoy) Months	Days Hours Min.
	of Business or indu	JRela	ind	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 117.	Unknowr	Address	
(Yas, no, or unknown) (If yes, give wor or date of service)	AL SECORITY NO. 17.	RANCIS EUST	ALC (SEN)	
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COLOR TO DUE TO	(0), (b), and (c).]	homfori.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO  (c)  (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR  CACCUMATOR  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW MURY OCCURRE	D. (Enter noture of injury in Por	t Lor Port II of item 18)	
20c TIME OF INJURY Month, Doy, Year 20d. INJURY While of work		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stote)
21. I certify that l <sub>r</sub> attended the deceased fr	om March	2 , 1960 , to (1)	Alech 10., 1960., that I I	ast saw the deceased
alive an 18614 9 , 1960	, and that death	11 11	M, from the couses and an th	ne date stated above.
ACTUAL SIGNATURE James W.C. F	inney	MO 504 TEWNS.	Ataura de gua	DATE SIGNED
PHYSICIAN'S James McC. Finne	ey M.D.		· · · · · · · · · · · · · · · · · · ·	3-10-6
DESCRIPTION OF STREET	NAME OF CEMETERY O	r CREMATORY 22	d LOCATION (City, town, or county) Abingdon, Mai	(Stole)
23 FUNERAL DIRECTOR'S SIGNATURE Tarring Abe	rdeen, Md	nome	Y REGISTRAR 246. REGISTRAR'S SIG	NATURE Trace

VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/58

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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**CERTIFICATE OF DEATH** 

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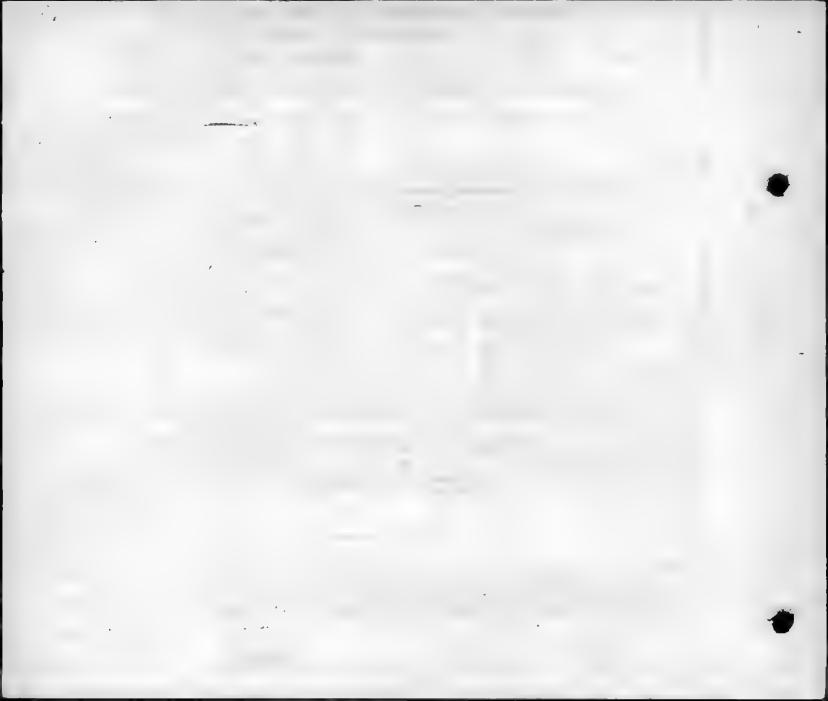
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		3368 CERTIFICA	ATE OF DEATH Reg. Dis	t. No.						
)	,	PLACE OF DEATH O COUNTY HARTORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE Maryland b COUNTY Har	re before admission)						
	1	C. LENGTH OF STAY IN 1b RURAL and give necrest town)  AURE SE SE	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Aberdeen							
/	H	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSUTUTION ACTOR (INC. C. 194 Hospital)	/d. street ADDRess 134 Beach Court	o is residence on a farm? Yes \(\) NO \(\)						
		NAME OF DECEASED [Type or print]  JOSEPH  First  COCDO 1/	Lost OF DEATH MARCH	Day Year 22 1960						
	5. 5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	Aug. 14, 1891 68 birthday) Manths	1 YEAR IF UNDER 24 HRS Days Hours Min ZEN OF WHAT COUNTRY?						
	_(	during most of working life, even if retired)	Isinéss (XXXXXXX) Virginia	15A						
		Francis Joseph Grace	Eva L. Anderson							
	15. {Yes	s, no, or unknown)   (If yes, give wer or dates of service)	Mary J. Grace, Aberdeen, Ma	f Beach Ct. aryland						
		1B. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Buclusien	INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, if ony, which gove rise to immediate cause (a), stating the under lying couse lost.  DUE TO  DUE TO  (b) COTOTICA - 2   C	erthurosclirosis	15 years						
)	CERTIFICATION	PART II_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)  20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to thou a m While Not white for the prim. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Citory, street, office bldg. etc.)	(Stote)						
		21. I certify that I attended the deceased from Att alive and that death	h accurred at 6:02 M, from the causes and an the ADDRESS (Street, city or town, stote)							
/		PHYSICIAN'S F the Def to Localid Have the three , Lee								
	220	BUR AL CREMATION 22b. DATE THERFOF REMOVAL (Specify) 3/23/60 Mt. Calve		(Stote)						
	23	FUNERACDIRECTOR'S GIGNATURE Tarring RESTUDERA Folice F. Yarring — Aberdeen, Mi	1 Home 24a. REC MATREE STREE 24b. REGISTRAR'S SIG	A. ThanA						



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death certificate



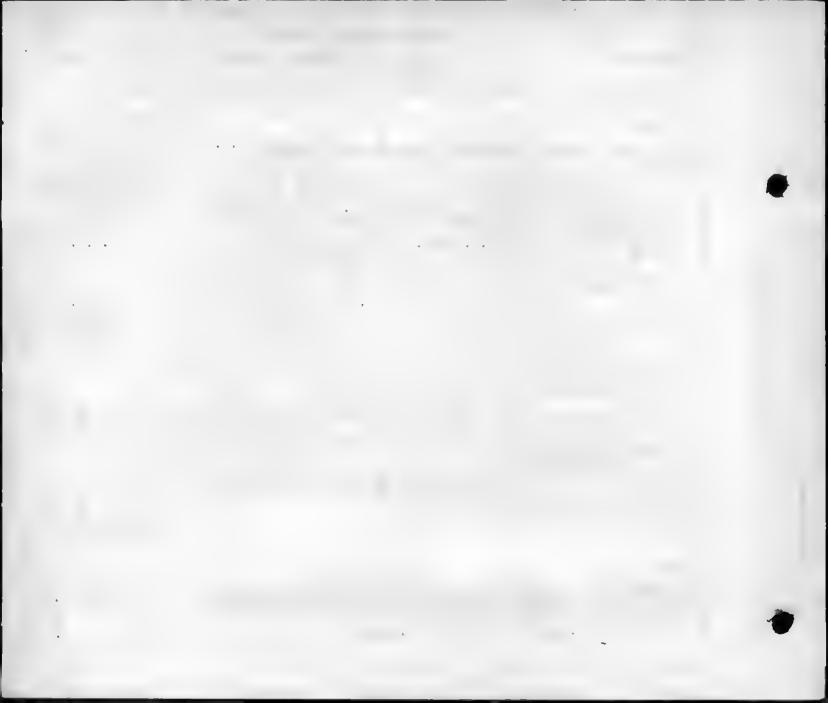
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į		. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T			crate lim	its, write RI	JRAL and			n)
	N.	RURAL and give in	GRAC	E-			×.	Belc	amp						
	-	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS						e. IS RES	FARM?
		corroute	to Harford	Mem	orial Hosp			Bel A	ir, R	.D.,					NOK
	3. P	NAME OF DECEASED	Fir	si	Midd	lle	Los		4. DATE		Mani	th	Do	у	Year
		Type or print)	JAME	5	×45		GRO	55	DEATH	7	17/17/2	H	5		1960
-	5. 5	EX	6 COLOR OR RACE	7. MARR	HED WEVER MAR	RIED 🔲	. DATE OF BIRTH	4		9. AGE	(In years birthdoy)	IF UNDE Months	DOY1		ER 24 HRS
	Y	DAKE.	62	WIDOWI	ED DIVOR	CED []	Mar. 6,	1902		58	ye1.	INIGHTHS	Days	Hours	Min.
	jbo.	USUAL OCCUPATION	N (Give kind of work a ling life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stole	ar foreign c	ountry)		12. C	TIZEN O	F WHAT	COUNTRY
1	0	perating			U.S. Govt	• • • • • • • • • • • • • • • • • • • •	V1	rgini	a.				U.	5A.	
	13. 1	FATHER'S NAME	, *				14. MOTHER'S	MAIDEN N	IAME	,7					
	1	11105	CROSS				1	NNI	EX	0%	CX	· ·			
	15 \ [Yes.		R IN U. S. ARMED FOR	annumat I			IFORMANT				Addr	@11			
		no		\$2	0-20-7898	Mr	s., Ethe	l Gro	ss,	Ве	lcamp	M	aryl	and.	
1			TH [Enter anly one co	vse per li	ne for (a), (b), and (	r).]					-				TWEEN
		PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		rone	141	1 AL	one	155					exel	
		420	DUE TO	/	7		Aff	h	.0		-				
		Conditions, if ony, which) tormany Cellics & Clerks											2 4 7 3		
		gove rise to incourse (a), stating	mmediate (		4	/ "									
	Ш	lying couse lost.	) (c	}		<u> </u>								1/	
	ĕ ĕ	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E COND	ITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO	AUTOPSY PRMED?
	Š	(	- till	1-1	inal		La)	>							NO 🚹
	CERTIFICATION														
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Ye		NJURY OCCURRED		CE OF INJURY			y or town	n)		(County)		(Stole)
	MED	Haur a.m. p.m.	19	While at war	k 🔲 at work 🔲	Idc	lary, street, affice								
		21. I certify th	at 1 attended the	deceas	ed fram	1 0	- £, 19 44	- ta	Komec	E	, 19 6 0	that I	last so	w the	decease
		alive an	Marchs		(C, and the	t death	accurred at.	9:05	ZM, frai						
	Ш			1/	2 1.1	1.	,		ADDRESS (S	treat, cit	y or lown/	state)	1/1	_ D	ATE SIGNE
		SIGNATURE	1/52-6	RE	2/77	Je 2	и. <u>Б. С.</u>	1/2/2	16.6	710	16-6	1	<u> ~/_</u>	14	11/24
		PHYSICIAN'S NAME (Type)	I Rall	Ph	Hori	1/1	11)	Churc	hvill	e			Mar	ylan	<u>d.</u>
	22a	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY OF	CREMATORY		22d LOCA	TION (C	ity, tawn, o	or county)		(Stot	e)
		REMOVAL (Specify) Burial	Mar.ll,19	6g	Trinity	Luthe	eran		Jopi	pa	Har	ford		. M	đ.
	23	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	oingdo	on Md	240. REC'I	D BY REGIS		24b. REGIS			RE	
	I A	1 01/17/31/1	K III TO was		27.5	- TIBUL	7AA 2'11A 9	DATE STA	LATE .						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 RAL DIRECTOR: After this certificate has been signed by the attending physician and completed the page 1 should be detached for use as the buriot-transit permit. Then please remove carbon papers. If the registrar prior to buriot, cremation, ar removal, and in any event within 72 hours after death. E 0 VS A15 (4) 15M 9/55

ed in by the funeral director,



death.

registrer within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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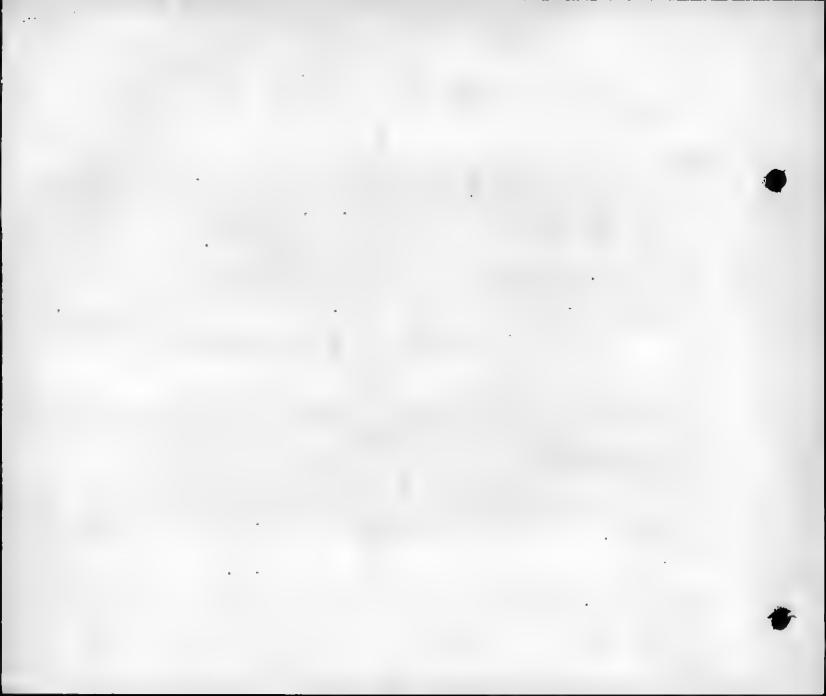
Reg. Dist. No.....

3370

## CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY HARTOR P MARYLAND	STATE MD, COUNTY HARFORD						
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give namest town)						
OR and give nearest town) TOWN HAVREDE CTRACE LIFE	X FTOWN HAVREDE GRACE						
HOSPITAL OR	STREET (ill rural give location)						
INSTITUTION OR STREET ADDRESS REIGLUTION ST	ADDRESS REPOLUTION ST						
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)						
(Type or Print) OCHN WESLEY	HEMORE DEATH MAR DELLAS						
	OF BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS						
NALE BLACK (Specify WIDOWED AP	R. 1 1876 83 yrs. Months Days Hours Min.						
10e, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT						
done during most of working life, even if refired) Zaborer Petrice D	MP COUNTRY?						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
JOHN W. HENORE SK.	HARRIETT STANSBORRY						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
(Yes, no, or unk.) (If Yes, give war or dates of service) 219-12-9	496 Vernon Stansburg, Havre de Leace Mp.						
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH						
3 X IMMEDIATE CAUSE (A) Consestive Heart Failure							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, (B) Combrat / hro	mbosis						
GIVING RISE TO THE ABOVE CAUSE DUE TO , ,							
10 Hypertensive - A	rterioscleratic Heart dispase						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
	YES NO						
21e. ACCIDENT WAS UNDERLYING ☐ C1b. PLACE (Home, ferm, feciory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)						
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not white	21. HOW DID INJURY OCCUR?						
M. et work et work							
22. I hereby certify that I attended the deceased from 11/23 , 19.57 , to 3/2/ , 19.60 , that I last saw the deceased							
alive on 3.4/8, 19.69, and that death occurred at 9.994M, from the causes and on the date stated above.							
SIGNATURE ADDRESS (Street, clly, town, stete) DATE SIGNED							
	569 Revolution St. Haurede Grace Md 3/21/60						
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O							
BORIAL MARCINGO ST, JAM	ES HAVRE DE GRACE, ND						
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
DATE MAR 2 4 '60	M. Madroon Mitchell Huive de Diate Mp.						
ed, / wanted							





Abingdon, Md.,

arthur S. Kines

VS A15 (4) 15M 10/57

haurs after death. Page



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 633333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Retz. Dist. No. I. PLACE OF DEATH I 2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND buriol, b. CITY OF TOWN ( c. LENGTH OF STAY IN 16 c. CITY QRJOWN (If outside corporate limits, write RURAL and give nearest lown) INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO A NAME OF 4. DATE Month Dov DECEASED OF DEATH era (Type or print) 9. AGE (In years 6. COLOR ORAÇACE 7. MARRIED TY NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYPE IF UNDER 24 HRS. 39 WIDOWED IT DIVORCED yn. 10a. USUAL OCCUPATION (Give kind of work done 104, KIND 104) INSURES OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Eng. Foreman Proving Grounds Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Walter Hornberger Mae Chamberlain 40 Poge 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, po or unknown) Helen Bailey Hornberger, Perryville, MD 219-03-7769 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause DUETO (a) stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 171 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) PRIMARY OF ON CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) at work at work 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection X. Inquiry , and find that Accident , Suicide , Hamicide , Undetermined cause . death resulted from: Natural causes , ACTUAL SIGNATUR DEPUTY MEDICAL EXAMINERS NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, town, or county) (Stole) Port Deposit. Md. Rural 3-26-1960 Asbury Cemetery ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) MAR 2 8 '60 Perry, ille, Md PDATE arily S. Hours



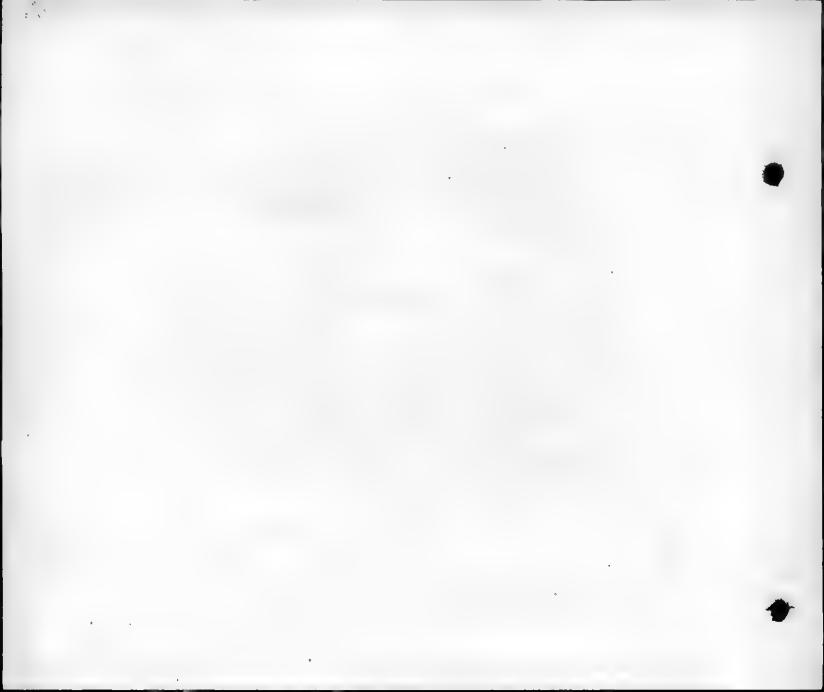
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Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY Caroline Maryl and c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Greensboro d STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO 4. DATE Month Hudson DEATH March 15 19 60 AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH Months Dovs Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland 14 MOTHER'S MAIDEN NAME Address Harford Convalescent Home. Bel Air. Md. INTERVAL BETWEEN ONSET AND DEATH Chronic Cardio-vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 13 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that I attended the deceased from March 7, 1960, to March 15, 19.60, that I last saw the deceased \_, and that death accurred at 7:10a.M, from the causes and on the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL SIGNATURE Idamino. Forest Hill Md PHYSICIAN'S Willard P. Hudson, M.D. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION [City, town, or county] (Stote) FUNERAL DIRECTOR'S SIGNATURE **MADDRESS** 24o REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

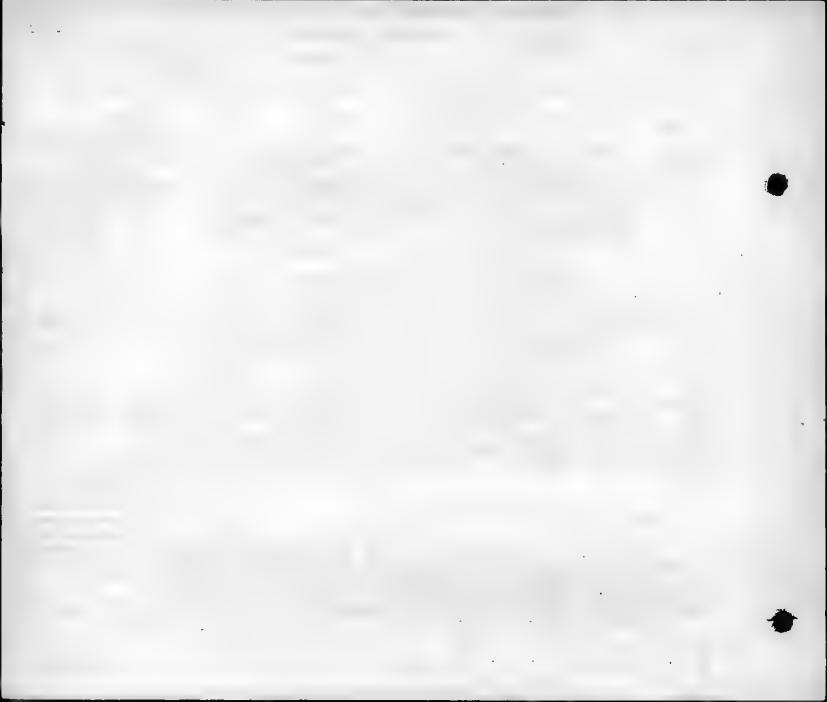
VS A15 (4) 15M 10/57





ı	MAKILAND SIAIE DEPAKIN	VEIAL OL LEWTIL	-BALIIMORE, 18	02020
L	3372 CERTIFIC	ATE OF DEATH	Reg	(13336) Dist. No.
1.	PLACE OF DEATH HAR FORD MARYLAND	2. USUAL RESIDENCE (When	b, COUNTY	sidence before admission)  ART-CRA
7	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   RURAL and give necrest lown)   C. LENGTH OF STAY IN 1b   C. LENGTH O	c CITY OR TOWN (If out	side corporate limits, write RURAL (	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  And OF DECEASED (Type or print)	mith - tacobs	4. DATE OF DEATH 11/10/2/4	24 1960
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI	B. DATE OF BIRTH  9-29-78  USTRY 11. BIRTHPLACE (Stote of	lost birthday) Mont	IDER 1 YEAR IF UNDER 24 HRS ths Days Hours Min CITIZEN OF WHAT COUNTRY?
13	during most of working life, even if retired)  FATHER'S NAME	14 MOTHER'S MAIDEN NA	ME /	
	WAS DECEASED EYER IN U S. ARMED FORCES? 14. SOCIAL SECURITY NO 17.	INFORMANT (PSTERS)	MERICA. Address	Ans Bolair?
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (ck)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE [a)  DUE TO  Conditions, if any, which gave rise to immediate cause [a], stoling the under- lying cause lost.  [c]	el Opertua	etion.	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PU  200, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Sec Prec	MERLA	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e P	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	201. (City or town)	(County) (State)
	21. I certify that I attended the deceased fram. 3/19 alive an 3/24, 19 (a), and that deat ACTUAL SIGNATURE (3)		M, fram the causes and cooress (Street, city or town, state)	it I last saw the deceased in the date stated above.  DATE SIGNED
72	PHYSICIAN'S E. Louis Kahan  BURIAL CREMATION. 225. DATE THEREOF. 22c. NAME OF CEMETERY	OR CREMATORY :	12d, LOCATION (City, town, or cour	nty) (State)
	FUNERAL DIRECTOR'S SIGNATURE Sol. Levinson & Bros. Inc. 6010 Reist F	24a. REC'D	Brooklyn, New York Registrar 28'60	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The I.w requires that the death certificate be executed within 24 hours ofter death. Page 4 in by the funeral director, and 2 should be filed with ERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completel page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. If the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. 10 VS A15 (4) 15M 9/55



VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
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13, CERTIFICATE OF DEATH

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		3355		CERTIF	CAI	E OF DEATE			Reg. D	ist. No.		
, 1	1. PLACE OF DEATH				2.	USUAL RESIDENCE (WI	hero deceaso		on Reside	nce before	admissia.	n)
	0. 2001111	Harford		MARYLA	NO	Maryland		b. COUNTY	Hart	bro		
	b. CITY OR TOWN (I RURAL and give or	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF		rote limits, write R			st town)	
	Bel At			10 years		Nor	risvil	le				
ì	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospital, g	ive street			d. STREET ADDRESS				e	IS RESID	ENCE
/		County Hom	e, To	ll Gate Road	d		- "				res 🕝	
)	3. NAME OF DECEASED	Fir	sl	Middle		Lost	4 DATE OF	Mon	th	Day	Ye	Of
	(Type or print)	Thoma				Jones	DEATH	March	13.			60
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B E	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Months	Doys H	UNDER	24 HRS Min
	Male	Negro	WIDOW			mil 5. 187	2	87 Yrs	Months	Doys F	tours	n n
	10a. USUAL OCCUPATION during most of worl	DN (Give kind of work i king life, even if retired	done 10b.	KIND OF BUSINESS OR	NDUSTR	11. BIRTHPLACE (Stole	or foreign c	ountry)	12 CI	TIZEN OF Y	WHAT C	OUNTRY?
	Laborer					Maryland			_ \	U.S.	Α.	
1	13. FATHER'S NAME				1	4 MOTHER'S MAIDEN	NAME					
,		unknown		4'		unkn	lown					
_	15 WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of a		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
					Cl a	k E. Fitzpa	atrick	. Bel Ai	r. Ma	rvlan	d	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH											
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Met	astatic mali	gnar	t melanema	റൗദ്രദ്ദ	nal sites	hea		AND D	EAIN
	/99./ DUE TO											
	Conditions, if ony, which ) of the right foot. 2 years											
		gove rise to immediate										
	lying couse fost.	couse (o), storting the under-										
ę	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	(T I(o) 19	WAS AU	TOPSY
,	PART II. OTH										ES [	
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
		MEDICAL EXAMINER)										
	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes				OF INJURY (Home, form, street, office bldg., etc.		or lawn)	(	(County)		(Stole)
	₩ Hour o.m.	19	While of wor	k Of while	Tocion	, street, office blog., etc	"					
	21. I certify th	at Lattended the	deceas	ed from Sept. 5		. 19. 50 . ta Ma	rch 1	19.60	that I	last saw	the d	acaasad
	alive an Mare		19	60 and that de	eath ac	curred at 8:301	M. fran	n the courses o	ed on t	he date	stated	Lahava
		( .	^	4 1				treet, city or town,		ne dole		E SIGNED
	ACTUAL SIGNATURE	Ichland	$\mathcal{P}_{\cdot}$	Hudan	1 M.D	F	forest	Hill. Mc		Mar	. 14	.160
				· ·	-	************		~~~				3II.
	PHYSICIAN'S NAME (Type) W:	illard P. H	iudso	n,M.D.	-							
	220. BURIAL CREMATIO	N. 226. DATE THEREO	F	22c NAME-OF-CEMETE	RYORC	REMATORISCHOT:	22d LOCA	TION (City, town, o	or county)		, (Stote)	
	REMOVAL (Specify)	Marialle	60	Midrentz	XX	185 Boarde	Bal.	TIMORU		10/10	-	
-(1	23 FUNERAL DIRECTOR	S SIGNATURE	20	ADDRESS	C	Shuel, 240. REC	A ER RIGIST				Apple .	
	Jeseph of:	tole &	201	w my		DATE	<b>MART 16</b>	'60	Lither	S. Three	A.A.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3399 **CERTIFICATE OF DEATH** Rea, Dist. No Sit. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived 1f institution: Residence before admission) o. COUNTY B b. CQUNT) MARYLAND b. CITY OR TOWN (If outside corporaté limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D NAME OF First Middle 4. DATE Month Year Day DECEASED OF DEATH cTr (Type or print) 1960 5. SEX 6. COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED | 反 8 DATE OF BIRTH Months Days WIDOWED | DIVORCED [ No. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo ofter 13. FATHER'S NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Lobar Pheumonia days **DUE TO** by Conditions, if any, which been signed gove rise to immediate DUE TO cause (a), stating the underlying cause last. removal, and **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? Right Inguinal Hernia YES NO TE 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. n. While Not white at work at work p. m. 21. I certify that I attended the deceased from \_\_\_\_\_that I last saw the deceased detached and that death occurred at 7:15PM, from the causes and on the date stated above. 80 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior Forest Hill. Maryland D shoul PHYSICIAN'S Robert Barthel M.D NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Kraus

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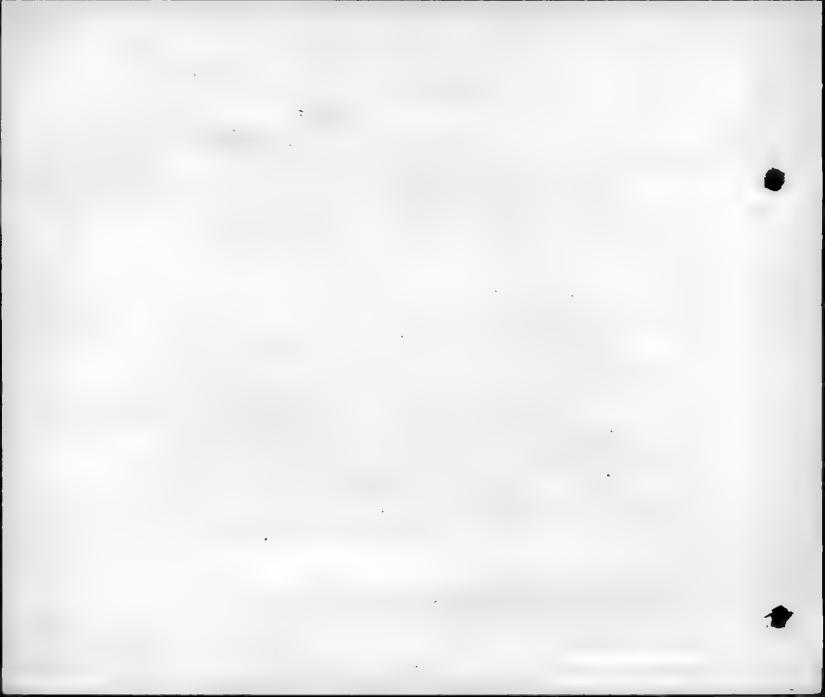
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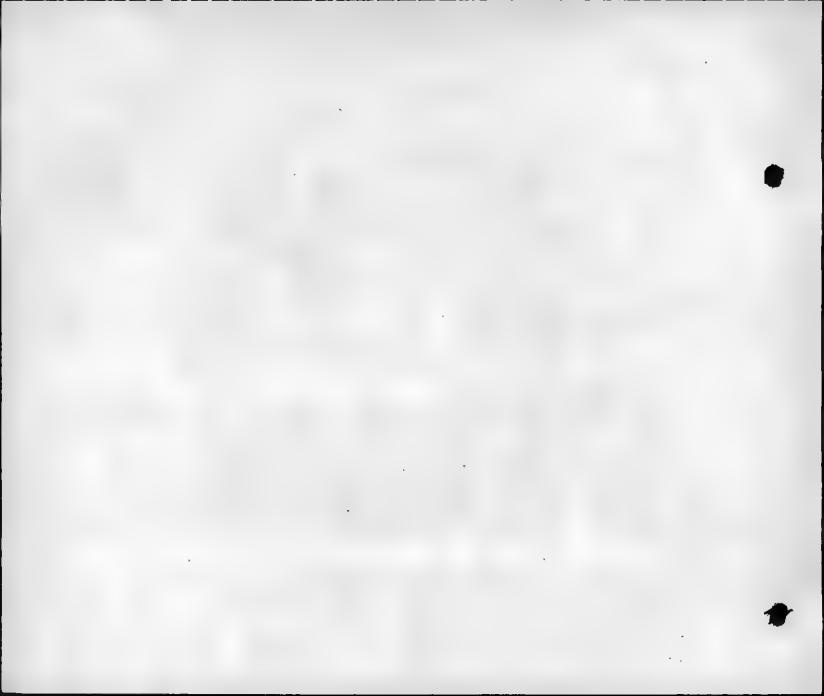
certificate

requires that the death



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be burigl<sub>is</sub>cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND CITY OR TOWN (if outside corporate E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). ₽ nat in hospital, give street address) e. IS RES DENCE ON A FARM? Eutaw St. YES NO NAME OF -DECEASED (Type or print) DEATH 19 6 9 AGE (In years feat birthday) S. SEX MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER TYPAR 1F LINDER 24 HRS. 2 with the Manths Hours WIDOWSD--DIVORCEDyn. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup pue pe 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME may aRan de 41 Poges ¥O Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoling the underlying ö couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPSY ő CERTIFICATION PERFORMED? be used NO P 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) Exami 3 shauld Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Medical Not white 100 at work at work to the Chief Medi-DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 17, Inquiry , and find that Accident Y, Suicide death resulted from: Natural causes Homicide . Undetermined cause ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER T VERAL ASSISTANT MEDICAL EXAMINER 🔲 pa EXAMINER'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOGATION [City, town, or county] (State) REMOVAL (Specify) 0 23/ FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(S) arthur S. Traus DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely miled death certificate assembly should be detached for use as a burial traffit permit.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

sted within 24

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE C OF DEA DEATH

03340

	3 <b>33</b> 0	Reg. Dist. No
	1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY HARFORD MARYLAND	STATE MD COUNTY HARFORD
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give nearest town) OR
	TOWN KORAL HAVRE DEGRACE 44 XPS	X TOWNYURAL MAURE DEGRACE
7	HOSPITAL OR INSTITUTION OR	STREET (Il rurel give location) ADDRESS
'	STREET ADDRESS / D. 14 (	ir D.H)
	3. NAME OF (First) (Middle) DECRASED T	(Losi) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) V: T. BASCOM /V	ARTIN DEATH MAR 14 1960
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	Months   Days   Hours   Min.
	MA-LE WHITE (Specify) SINGLE CLUB  100. USUAL OCCUPATION (Give kind of work   100, KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT
_	done during most of working life, even it OR INDUSTRY	COUNTRY?
	relired FARMER FARM	Craig Co. Virginia U.S.A.
	WILL P MARTIN	7 1
-1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS MO. R. P. ST.
	(Yes, no, or unk.) (If Yes, give wer or dates of service)	RADER P. MARTIN HAVREDE GRACE
		TIFICATION / INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	HOW I IMMEDIATE CAUSE (A) COUNTY WILL	+ CAMARATI - AMERICAN CHEENE
	DISEASES OR CONDITIONS, IF ANY, (B)	mtarardito-
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	The contraction of the contracti
	(C)	V
0	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) [If EITHER, NOTIFY MEDICAL EXAMNER]	1c, WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white at work the few ork	21f. HOW DID INJURY OCCUR?
	1 3 17	, 19.3 4, to 20.24.2.4.3, 19 he (4, that I last saw the deceased
4	alive on 3/13 1966 and that death occurred at	
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
1-55 1	( XX CULD TITI) M.a.	Harry NI Stall / 111 BILLER
15C 1-	23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY OR	10 11 11
A1	13URIAL MARITIGO ITARMONY	ICHIRCHYDMARFORD CO. MO
>	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  21AD 1 7'60  Cuttury & Thurs	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MD.
	DATE MAR 17'60 arthur & Thurs	R. Madison Maleliell HAVREDE GRACE



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A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03341

### CERTIFICATE OF DEATH 3350

ਹੋਰੋਹ ਹ			Reg. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME	OF DECEASED
county Hartord	MARYLAND	STATE Marylen of	COUNTY Has lord
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SEL TOWN	(In this place)	32 Town Bel Pi-	RURAL end give neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIGGEWood Road		STREET ADDRESS RIGHT WOOD	frurel give location) Rank (
3. NAME OF (First) ( DECEASED (Type or Print)   Type y	Middle)	OF	E (Month) (Dey) (Year)  TH () (1-C), 11, 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV (Specify)	OPCED	F BIRTH 9. AGE last bit 20, 1873 86	thday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work dona during most of working life, even if cellred) TERCLET	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign country) 17 burdeen Marylan	12. CITIZEN OF WHAT COUNTRY?
G. Chapman Martin		COMMELTA SIEE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) [If Yes, give wer or dates of service)	SOCIAL SECURITY NO.	C. n. itten Wright	Ridgewoodkin and Hall St. Bel Air, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
77		TORY FAILURE	IMMEDIATE
DISEASES OR CONDITIONS, IF ANY, (8) HCUT		- PROBABLE CORONAR TRIO SCLEROTIC CAR	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			DISEASE
19e. DATE OF OPERATION 19b. MAJOR FINDINGS (			20. AUTOPSY? YES NO W
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING 21cause of DEATH OF INJURY street, of INJURY street, or IN	ffice bldg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or low	n) (County) (State)
M. at wo	ork O el work O	RIF. HOW DID INJURY OCCUR?	
	sed from RUG. that death occurred at:	8:20 K.M. from the causes and o	
SIGNATURE SIGNATURE	M.D. 1	40/ Franklink 1	City, town, state)  DATE SIGNED  12 Marsh
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	The state of the s	City, town, or county) (Stella)
PSUCTIAL DINECT 14,1740  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Spesulin CE		more Hore Con Mid.
DATE MAR 1 4 60 Citing & House		freget to Fister will	Brandway + Williams St.



240, REC'D BY REGISTRAR

MAR 2 2 '60

24b. REGISTRAR'S SIGNATURE

- Thur of traces

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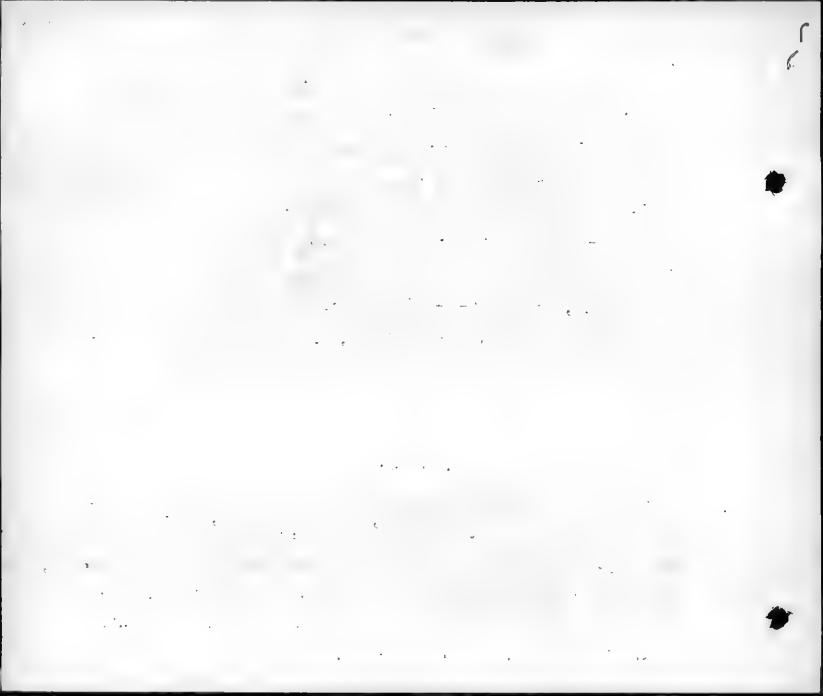
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15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook Blight Inc. 6009 Harford Rd. 14.



Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Harford COUNTY MARYLAND Mary and COUNTY Harford (If putside corporete limits, write RURAL LENGTH OF STAY end give neerest town) 1 month OR Edgewood TOWN TOWN Edgewood HOSPITAL OR STREET (Il rurel give locetion) US ARMY DISPENSARY INSTITUTION OR **ADDRESS** STREET ADDRESS ARMY CHEMICAL CENTER, MD 144 Hawthorne Drive (Farst) (Middle) 3. NAME OF (Lest) 4. DATE (Month) (Dey) (Yeer DECEASED (Type or Print) MARY CATHERINE DEATH MILLER March 10 19 6. COLOR OR 7. SINGLE MARRIED 8. DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR JE UNDER 24 HRS WIDOWED, DIVORCED, RACE (Specify) N/A Female Cau YIS. January 60 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? N/A N/A 211 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WINSTON EUGENE MILLER VIVIAN M. WILLIAMS 17. WEORMANI & ADDRESS . Grosso Jr. 16. SOCIAL SECURITY NO. (Yes, 14, or unk.) (If Yes, give wer or detes of service) Army Disp. Army Chem. Ctr. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Probable Asphyxiation **√** IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) Respiratory Infection unknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE None DISEASE OR CONDITION CAUSING DEATH. 19+. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES XX NO 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? [City or lown] (County) (Stete) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office\_bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Hour) While Not while N/A N/A et work et work 22. I hereby certify that I attended the deceased from N/A 19 to N/A 19 that I last saw the deceased alive opa 23 Feb 19 .....63......., #d that death occurred at....7.52...AM, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, lown, stele) M.O. US Army Disp. Army Chem Ctr. Md any as NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY). 0-0 0

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24. REC'D BY REGISTRAR MAR 1 4 60

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REGISTRAN'S SIGNATURE

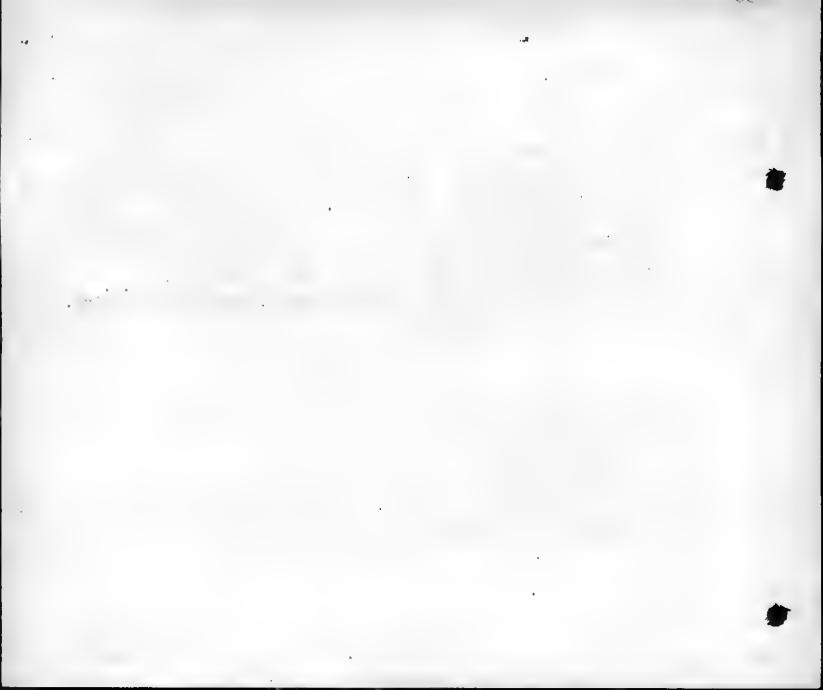
was L. Towns

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS



1 %	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
* 12 mg	3374 CERTIFICATE OF DEATH Reg. Dist. No.	3344
n. Page 4	PLACE OF DEATH  COUNTY  PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before add on STATE  O. STATE  YILL  D. COUNTY  D.	miss on)
r death funera	b CITY OR TOWN (If guiside corporate limits, write   c LENGTH OF STAY IN 1b   c. C TY OR TOWN (If guitade corporate limits, write RURAL and give reparest NURL CL VRALE)   HORE CL VRALE   HOR	
o by the nd 2 sho	HARFORD MENDERAL BMONROE	RES DENCE N A FARM?
hin 24 h	3. NAME OF DECEASED (Type or print)  S SEX/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH  9. AGE (fn. yeors   IF UNDER 1 YEAR IN )	19 (
unted with	TO MALE COLORED WIDOWED DIVORCED Feb. 10, 1951 Ost birthdoy) Months Doys How	urs Min.
be execu n and car orban pap fter death	Student N/A Vor Vorking life, even if retired)  Student Vor	
physicia emave co hours a	HARDEN 1008 C Mary Cottman  15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Hammer did ress N. Y.  (16 yes, give wor or dates of service, 17 yes, no or unknown)	
ottending please in within 72	NO N/A Harden Moore, 82-03 Hammels Blig  18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) / WWW. IWW. IWW. IWW. IWW. IWW. IWW. IW	L BETWEEN
that the liby the nit. Ther	Conditions, if ony, which) (b) Carefuse February 2	ch
requires	gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO phille make not and state of the country of the course of the c	5
g physic has bee unal-tra	\[ \frac{1}{5} \] \[ \text{YE} \]	AS AUTOPSY REORMED?
SICIAN: attending as the b	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Stote)
VG PHY: pital or er this or for use cremati	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of wor	
TTENDIN the has OR: Aft Jetached a burial,	alive an ILACC 14, 12 (20), and that death accurred at 4 CAM, from the causes and on the date sta	
rained by DIRECT POINT IN PRIOR POIN	PHYSICIAN'S TOURS TO THE ABOVE THE ABOVE THE ABOVE THE ABOVE A LICE AND A COUNTRY AND	1 Stry
PITA ref 3 sho gistro	NAME (Type) IPVIN L. Wachsman	
odge he re	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER) OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 3/16/60 Little Mount Baptist Sussex County. V	State)
2 2 4 T	23 EUNERAL DIRECTOR'S SIGNATURE Tarriangessiuneral Home 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	10
1SM 9/SB	John A Tarting Aberdeen, Md. DATE MAR 21'60 ming & Knows	



tuted within 24 hours

the registrar within 72 hours after death. After this in Ey the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

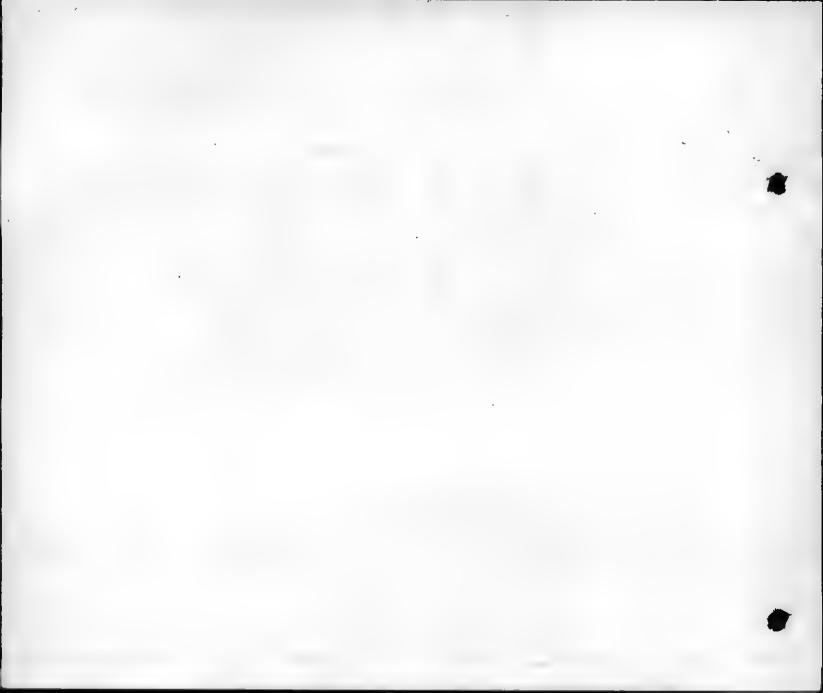
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# CERTIFICATE OF DEATH

Peg.	Dist.	No.

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY 3/2 - FOF & MARYLAND	STATE Mary/and COUNTY Hart	ord		
1	CITY (If outside Corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL end give nearest fow	nj		
ı	OR and anys nearest town) (in this piece)	X TOWN PILES / Below	j=		
1	HOSPITAL OR	STREET (If rurel give locelion)	27 2		
,	INSTITUTION OR STREET ADDRESS ( 4 / 50 / 1/2 0 / 3C/A11-	ADDRESS / / / - 1 / / / / - 2 / /	20/01-		
1	Charles III Fr	(Lest) A. DATE (Month) (Dev)	(Year)		
ı	3. NAME OF (First) (Muddle)	(Lesi) 4. DATE (Month) (Dey)	(1941)		
ı	(Type or Print) RELEN Wale C	Bryan DEATH MAR &	1960		
ı	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR Months Deva			
	TCMale While (Spacify) Married Mai	10/841/3 yrs.			
J			ZEN OF WHAT		
	done during most of working life, even if  OR INDUSTRY	Carroll Co. Ya U.	5 A		
¥	A FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
i	Not Known	Not Itnown	<u></u>		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS BELL	0 410		
	(Yes, no, or unk.) (If Yes, giva war or detes of service)	(MALLEY) (Myeren Ma	urlendi		
ļ	18. MEDICAL CER	TIFICATION	HERVAL BETWEEN		
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	LI / AMMEDIATE CAUSE (A) Coronary Occlusion	Su	ıdden		
	DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (B)				
	GIVING RISE TO THE ABOVE CAUSE TO				
	STATING UNDERLYING CAUSE LAST. (C) Chronic Cardio-vaso	ular Disease	?		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7.01.02			
)	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis: C	bronic Emphysema	?		
	DISEASE OR CONDITION CAUSING DEATH. UNTONIC BRONCHILLS: U		20. AUTOPSY?		
	The Mile of Ottomiol 1	YI	ES NO THE		
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY streat, office bidg., etc.)	(County)	(State)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21E. HOW DID INJURY OCCUR?			
	M. et work at work				
	22. I hereby certify that I attended the deceased from DEC.	19.50 to March 5 19.60 that I last s	aw the deceased		
ı	alive on March 2 , 19 60 , and that death occurred at				
e	SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED		
5	to the state of th		d = - / -		
ņ	23. BURIAL CREMATION.   DATE THEREO   NAME OF CEMETERY OR	Forest Hill Maryland March	5,1960 (Stala)		
,	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	Control (city, town, or county)	(0.010)		
?	134-12/ 3-0-60 Wnion	Cemetery/Tir/Tweed RD	#11a		
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRE	55		
	DATE MAR 8 '60 Cirthur S. Kinus	A E. Typan Cienia Su	in med		
	49. 7 400	7,			

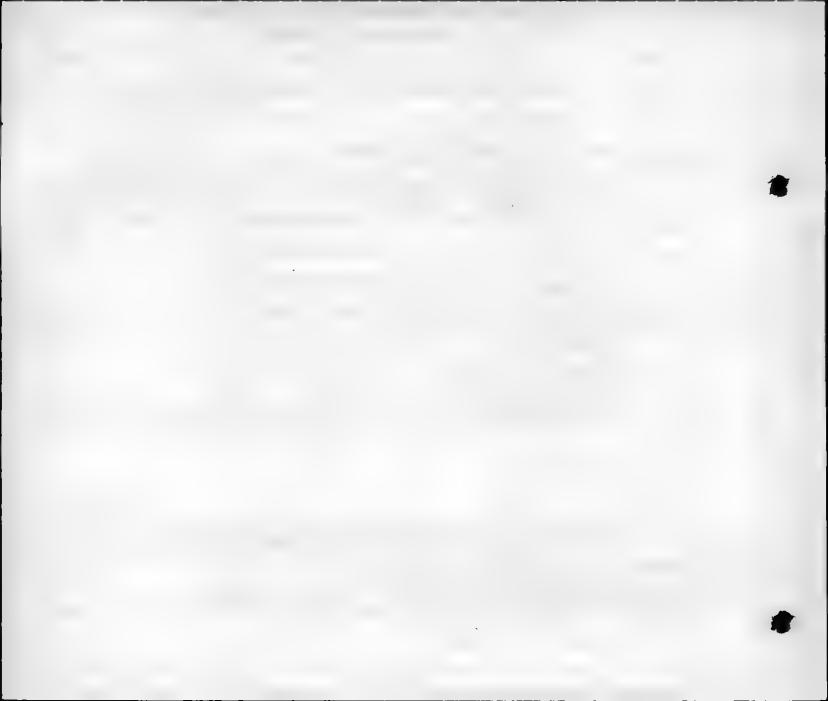




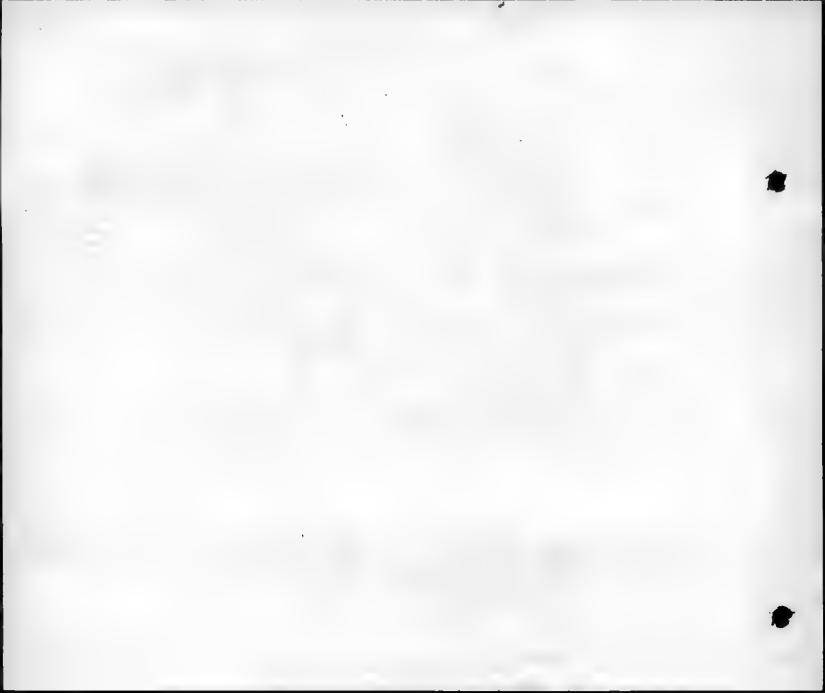
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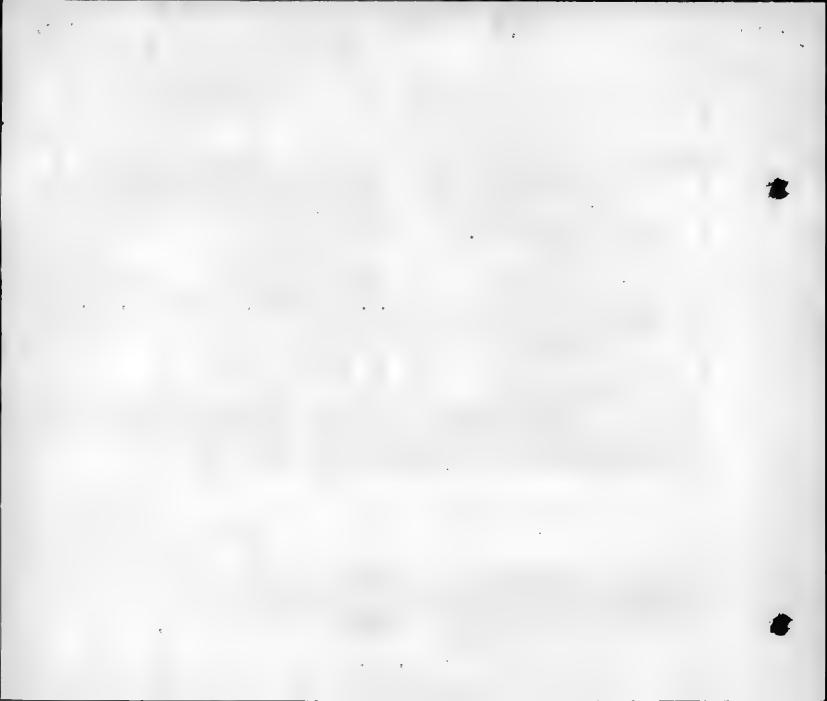
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	3377 CERTIFICATE OF DEATH Reg. Dist. No.	03348
M	PLACE OF DEATH a. COUNTY HARFORD  D. COUNTY  Where deceased lived. If institution: Residence before a STATE  MARMANA  B. COUNTY  CECIL	admission)
3	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares)	9.
23/	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION HARROLD HEMORIAI HOSP.  BROAD ST.	IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Last 4. DATE Manth Day OF DECTASED (Type or print)  NAME OF Last 4. DATE Manth Day OF DEATH MARCH 30	Year 19 66
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  MALE White WIDOWED DIVORCED 3-29-60 9. AGE (In years   FUNDER 1 YEAR   Months   Days	Hours Min
	Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF 1  13. CITIZEN OF 1	S.A.
	Edward A. REmbold MARY Ellen DAWSO	20
I	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address  [destandary of the security of the secu	
į	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY	ET AND DEATH
	Conditions, if ony, which ) (b) Price of solo	
	gove rise to immediate couse (o), stoting the under-lying couse lost.  DUE TO	
)	2	WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Have o. m. While Nat while ot work at work to the control of the con	(Stote)
	21. I certify that I attended the deceased fram 3-27, 1966, to 3-36, 1964 that I last saw alive an 3-25, and that death accurred at 108 M, from the causes and an the date	
,	ACTUAL ADDRESS (Street, city or tawn, state)	DATE SIGNED
/	SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	
	22c. NAME OF CEMETERY OR CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE DATE 1 560  CITAL 2. THE PROPERTY OF	
,	221/183KV2	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	
		3375 CERTIFICATE OF DEATH	Reg. Dist. No. (13349)
director filed with	1.	PLACE OF DEATH  O. COUNTY  A ARTOR D  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution of the country of the	
E Se a	Γ.	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write R RURAL and give nearest lowft)	RURAL and give nearest lawn)
by the fund 2 should		d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  LACE HOSPITAL (If not in hospital, give street oddress)  LACE HOSPITAL (IF not in hospital, give street oddress)	e. IS RESIDENCE ON A FARM? YES NO
ed in		NAME OF DECEASED (Type or print)  RLEV  Middle  RICHARDSOIV  A. DATE OF DEATH  A. DA	12 196.0
	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH 9. AGE (In yours lost birthday) 70 yrs.	
cocured popers cath.	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired)  General Store	12. CITIZEN OF WHAT COUNTRY?
an ond corbon	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
hysici move the move		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Add	ress 331 Carter
ing p	(ye		deen, Md.
dean thend pleas within		18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c)]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
the c Then Then		420. DUE TO	344/5
ed by		Conditions, if any, which gove rise to immediate (b) A.S.C.V.	1
on.  sit pe		couse (a), stoling the <u>under-language</u> lying couse lost.  (c)	
hysicia s beer al-tron wal, o	ATION	PART 11. OFHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? YES NO 12
AN: The anding p icale ho he buric	CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  ONE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
is or other instance of the control	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not while of work of	(County) (State)
Spiron the the control of the contro		21. I certify that I attended the deceased fram	that I last saw the deceased
DR: A process		alive on ALRCh 12, 1960, and that death occurred at 1245 M, from the causes of ADDRESS (Street, city or town,	
IRECT IRECT I be do		SIGNATURE TENDET COETUNDO ZIINO Almion A	tue. 3/12/6
RAL D should		PHYSICIAN'S Edward CLOO, MD. Have de Epruce	- Just
SH W B	22	Burial Cremation, 226 Date Thereof Page 1220. Name of Cemetery or Crematory 220 Location (City. town. Burial 3/15/60 Bel Air Memorial Gardons Bel Air	or county) (Stote) Maryland
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE, Tarringeressuneral Home 240. REC'D BY REGISTRAR 246. REGI	ISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	1	Whu W. Jarring Aberdeen, Md. DATE MAR 15'60 a	illus S. Kraus



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 339% **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission filed o. COUNTY o. STATE b. COUNTY MARYLAND Harford Marvland ofter death; b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should (Rural Aberdeen (Rural) Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Route #2 Route NAME OF First Middle Last 4. DATE DECEASED CARL HENRY SCHURMAN (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years Lost birthdoy) 1888 Mala White DIVORCED | WIDOWED [7] yrs. 10a USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) bon poper during most of working life, even if retired) Marvland Farm Equipment Salesman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 40 Mary Momberger Adolph Schurman 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address R.D. #2 tYes, no, or unknown) Mrs. Carl H. Schurman, Aberdeen, Md. No CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).] CARDIO- RESPIRATORY FAILURE PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO CORONARY OCCLUSION (AT LEAST THE THIRD) Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the under-ARTERY DISEASE lying couse lost. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) p. m. While Not while of work of work 21. I certify that I attended the deceased from 6 JULY man 1960 that I last saw the deceased and that death occurred at 1115 the thought causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Franklin PHYSICIAN'S P. Sidwell, Bel Air, Md. Harvey NAME (Type 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Long Green, Blenheim Cemetery Burial Tarringookuneral Home 23 EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Manaraberdeen, Md. MAR 8

63350

e. IS RESIDENCE

ON A FARM?

YES NO T

19 60

Rea. Dist. No.

Months

Harford

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

IMMEDIATE

PERFORMED? YES TO NO 17

(State)

DATE SIGNED

(Stote)

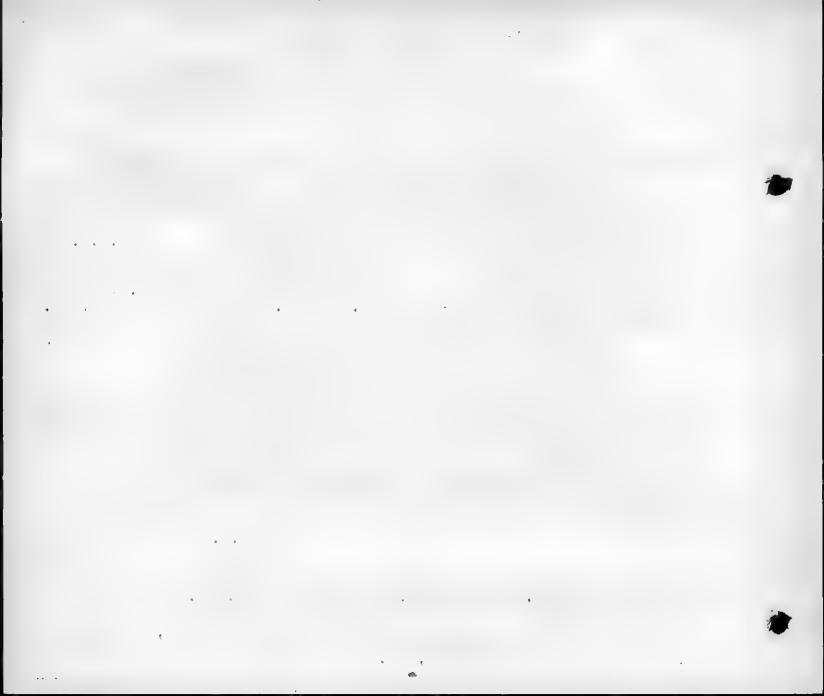
Maryland

Days

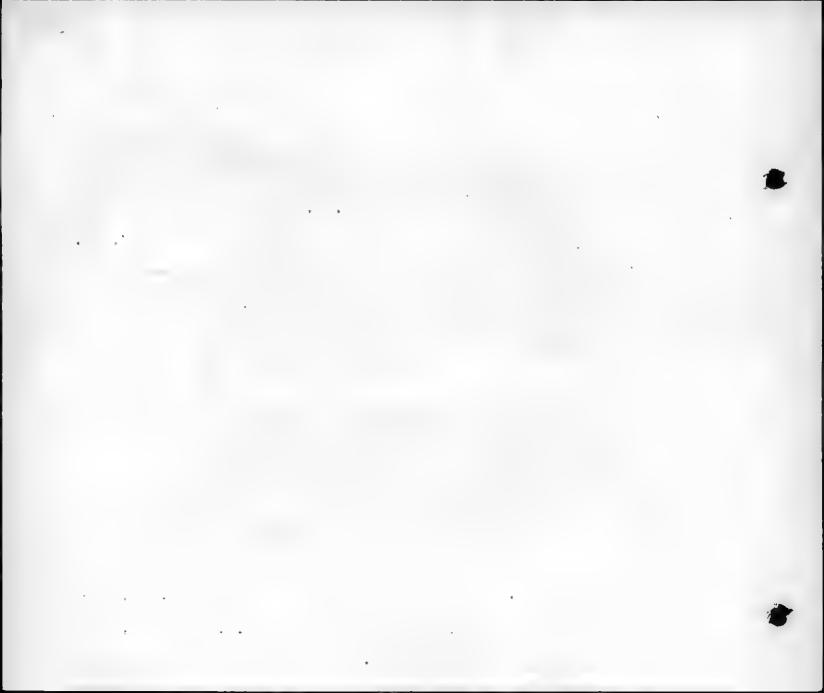
(County)

DATE

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3379 **CERTIFICATE OF DEATH** Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) PLACE OF DEATH p. COUNTY 6 COUNTY MARYLAND funeral Į, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give pearest town) should S RESIDENCE d NAME OF HOSP TAL HE not in hospital, give street address ON A FARM? OR INSTITUTION YES NO X 2 M ddle Year DECEASED DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Doys 1886 WIDOWED | DIVORCED | Oct. complet 100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. pub LO POCERY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown death INTERVAL SETWEEK 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ? been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. attending physician. **burial-transit** PART N. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO [ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work ot work 3 - 1/ 196 othat I last saw the deceased 21. I certify that I attended the deceased fram.... G, and that death occurred at S GM, from the causes and on the date stated above. ERAL DIRECTOR: DATE SIGNED ACTUAL 3 21-60 should be SIGNATURE PHYSICIAN'S William K. Brendle Havre de Grace, Md. NAME (Type) 220. SURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Maryland Paul Luthern R.D. Aberdeen. **′**60 St TO F Buria Tarring Tuneral Home Aberdeen, Md. 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 23. SUNEWAL DIRECTOR'S SIGNATURE DATE MAR 2 4 '60 Cirthung & Krous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

ON A FARM YES NO

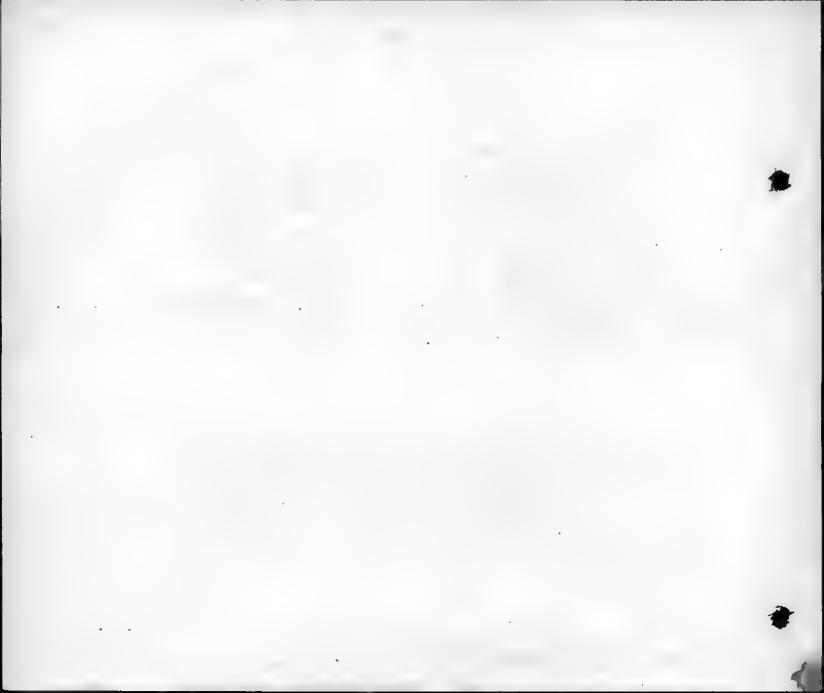
Year

PERFORMED? NO

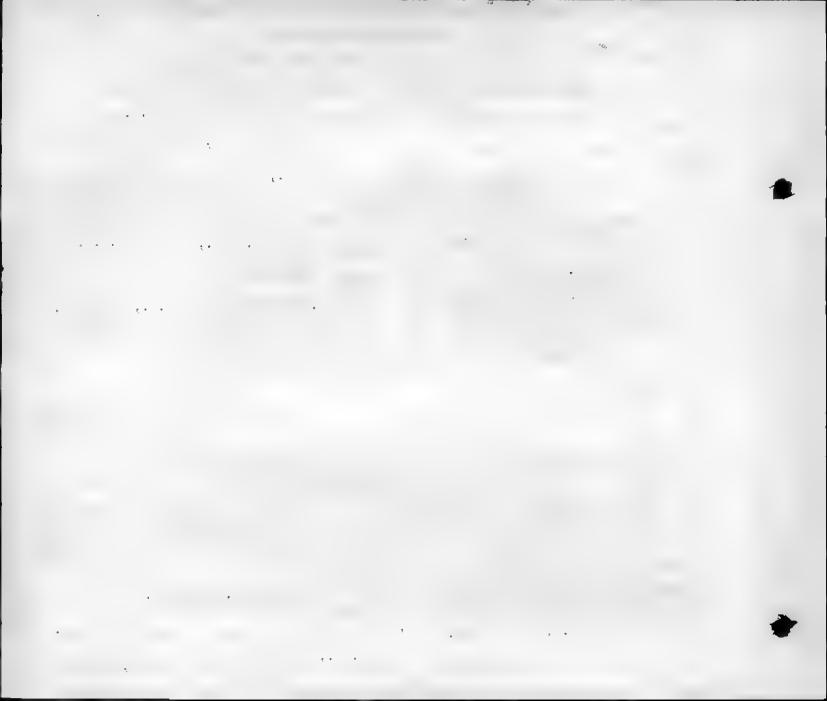
(Stote)

DAMÉ SIGNED

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721	i.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1		3357 CERTIFICATE OF DEATH
ge 4 ctor. with		1.	Reg. Dist. No.  2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission)
eder 7	1		COUNTY Harful MARYLAND O. STATE Md b. COUNTY Harful
Per al			CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
ofter de		L	Bel An Onimber X Edgewood R.D.
urs oft by the d 2 sh	X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  2 1/ S Main 2 VES   NOV
24 ho lied in s 1 an			NAME OF DECEASED TO ST. S. DATE Manth Doy Year OF DEATH March 2/ 1960
il il		S. :	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
2 P S		L	7   WIDOWED   8-24-1917   122 yrs
execute nd com on pape death.		100	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
and ond r de	( ]	12	Truck Driver Fuel Oil Harford Co., Md., U.S.A.,
te be rian a carbo		7	Charles I Gala-
certificate g physicial remave cc		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO   17. INFORMANT Address
		{Ye	yes   WW LL 705-09-7558   Helen V. Sills Edgewood R.D. Maryland
death Itendir please vithin		Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
he d en p			PART I. DEATH WAS CAUSED 84, COLONOMY OF CLUSION 30 MANUAL STAND DEATH
that the by the			420, 1 DUE TO
es the control of the			Conditions, if any, which (b)
a gar			couse (a), stating the under.  Using cause last.
iciar een ansi		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
physics b	0	CATION	PERFORMED? YES NO TY
IAN: Ti ending ficate h ficate h the bur		CERTIF	20a ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSIC rr aft certit		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
this can		ME	Hour e.m.  While Not while of work of
ospi Affer ed fo			21. I certify that I oftended the deceased from 3 3 1 100, to 3 31 1960, that I lost saw the decease
the the toch			alive on, 1960, and that death occurred of 810 M, from the causes and on the date stated obovi
ed by RECTO be de	1		ACTUAL SIGNATURE Levale C Palmer M.D. Bro Air Md - 3-31-60
retain RAL Disshauld			PHYSICIAN'S Gerald c Palmer MD Bel Air, Maryland.
S S S S S S S S S S S S S S S S S S S	?	220	8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote) REMOVAL (Specify) BUT181 Apr 3, 1969 St. Montale
0 9 8 4		23	
YS A1S (4)		ľ	Abingdon Md
9/\$5		<u> </u>	DATE APR 5 60 College & Hama



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led in by the funeral director,

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

197	CERTIFI	CATE	OF (	DEATH

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	4	3381	CERT	IFIC.	ATE OF DE	AIH			Reg. Dis		10000	
PLACE OF DE.     COUNTY	HARFOR	D	MAR	YLAND	2. USUAL RESIDEN	CE (Where dec		I, If institution b. COUNTY	1.1	te before ad		
b. CITY OR TO	OWN (If outside corporale li give nearest town)	mits, write	E. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
HAUR	The same of the sa	62	20 DA	145	13/ ABE	ROSS	N					
d. NAME OF	HOSPITAL (If not in hospitol		d. STREET ADD	RESS				e, IS	RESIDENCE N A FARM?			
IMRI		RIAL	HOSP		113 7	RIODE	£ " T	3000			NO Z	
3. NAME OF DECEASED		First	Middl	•	Lost	4. D/	ATE	Mont	h	Day	Year	
(Type or print)	L	LULA	MA	18.	SMAL		ATH	MA	CCH	27	194 -	
5. SEX	6. COLOR OR RAC	E 7. MARRI	ED NEVER MARR	IED 🗌	8. DATE OF BIRTH	1 .000	9. A	GE (In years		****	NDER 24 HRS.	
F. MAL	STILL	WIDOWE	DIVORCE	ED 🔲	Ceptil 27th	1887	/   "	2 yrs.	Months	Doys Ho	urs Min	
100. USUAL OCC	UPATION (Give kind of world of working life, even if retire	rk done 10b. 1	CIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or fore	ign country	)			HAT COUNTRY	
	05EU1FE	<b>a</b> aj	Horus	_	Va	•			1	U.S.	A.	
13. FATHER'S NA	ME				14 MOTHER'S MA	IDEN NAME	2 ]					
MAG	UZL BUTL	ER.			EDA	ONIA	1120	KLE	4			
S WAS DECEAS	ED EVER IN U. S. ARMED F	ORCES? 16. S	SOCIAL SECURITY NO	0. 17.	INFORMANT	c		Addr		0	1	
) wo	(Ir yat, great war at cone.	ni service)	Hours	0	715 A 971	THE = 1	119 1	igolau	12d. 6	Eliers	sec The	
18. CAUSE	OF DEATH [Enler only one	cause per lin	• fgs (o), (b), and (ç	12	0 10		1	Ø-		INTERVA	LBETWEEN	
	I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	r	Corek	16	1 Hor	will	117	1			ND DEATH	
22	DUE			1	1	*		Л	17		0000	
Condition	i, if ony, which )	ah i	(in)	OL	11 ~11.	1 Des	Cl	respo				
gove rise	to immediate (	TO.		ALCUL.	CM V CANA	2411-2		000				
lying cous	toling the unger-	(c)										
PART	II. OTHER SIGNIFICANT CO		ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO TH	E TERMINAL DI	SEASE CON	NOITION GIV	EN IN PARI	[ 1(o) 19, W	AS AUTOPSY	
ŘΙ											REORMED?	
200 ACCIDE	NT WAS UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRE	D, (Enter nature of in	jury in Part I a	r Port II of	ilem 18.)				
OR CONTRIE	IUTING CAUSE OF DEAT	rH   R)										
PART  200 ACCIDE OR CONTRIE (IF EITHER, N  20c. TIME OF Hour	INJURY Month, Day,	Year 20d IN	JURY OCCURRED		ACE OF INJURY (Han	ne, form, 20f.	(City or to	rwn)	(0	[aunty]	(Stote)	
Hour	o. m. p. m.	9 While	Nat while	fo	ectory, street, affice ble	ig., etc.)			,			
_	• • • • • • • • • • • • • • • • • • • •			1241	1- 20 led .	≪,	1241	10/				
	ify that I attended t	1	d from 2	4.7/-		0 7/					he deceased	
alive an_	ALARI IL E	7. 19/2	Land tha	it death	n occurred at_#	ADDRE		city or town,		ne date si	tated above	
ACTUAL	Bounh.	UX	relow	n	mo. 40	7 S	. 6	NCI	2 6	ive	3/3/	
PHYSICIAN'	Irvin L.	Wachs	man							officials was done also per use use us	//	
220. BURIAL, CRE BEMOVAL-		1960	Bellin	METERY C	or CREMATORY	4	OCATION DE	igity, town, o	county)	and	Stole)	
23. FUNERAL DIR	ECTOR'S SIGNATURE	0/1-	ADDRESS		1/2/ 24	a REC'D BY R	EGISTRAR	24b. REGIS	TRAR'S SIC	MATURE		
your 4	. barring.	- all	Well W	wy	lauce.	TE . D. 1	260	1 11.	· Lun &	House		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals be executed within 24 hours after death. Page A VS A15 (4) 15M 9/55

The relained by the haspital ar attending physicion.

FERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete ings 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. he registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.



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MAR 2 8 '60

Citima & Frank

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03355

3358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Key, biss. 140,							
	1, 0	1. PLACE OF DEATH HOUSE OF STATE OF STA	RESIDENCE (Where deceased lived. If institution: Residence before admission)  E    County   C							
	b	b. CITY OR TOWN [it ownide corporate amils, write RURAY] C. LENGTH OF STAY IN 16 C. CITY and give necrest lown]	OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STRE	et address () tenae yes   NO D							
		3. NAME OF DECEASED (Type or print)	Losi 4. DATE Month Day Year  DEATH MATE 19 60							
	5. \$	5 SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF B. WIDOWED DIVORCED MAY Z	[cs] burthday)							
1	d	Carpenter Construction N	HPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U., S.A.,							
	13.	13. FATHER'S NAME  14. MOTHE  CYN	R'S MAIDEN NAME HAYA MCMILLIAN							
	1\$. (Yes,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (II yes, give war or delete of services) (60-07-265) Nr. Grand (1996)	and F. Taylor Mc Phari Boad Box 17							
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2000 INTERVAL BETWEEN ONSET AND DEATH							
		Conditions, if any, which governs to immediate couse (c) station the mediate Course (C) station the course (C) sta								
	7	couse last. (c)	TO THE TRANSPORT CONDITION OF MALE AND							
)	ICATION	7410	PERFORMED?							
	, CERTIF		Finjury in Part I or Port II of item IB.)							
	MED CAL	The street of twork in the street of twork in the street of two in the s	Y (Home, form. 20f. (City or town) (County) (State) fice bldg., etc.)							
			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause							
		your of the same	F MEDICAL EXAMINER BEATING MY DATE SIGNED							
}		EXAMINER'S GET ON E ON E O DEPL	STANT MEDICAL EXAMINER 3							
			122d. LOCATION (City, lown, or county) (Stote) 18El Afr, Harford Co, Mitry And							
	23:	23- EUNERAL DIRECTOR'S SIGNATURE W. Broadway Light Will Plams St.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If care the certificate, writing the mord "pending" in mentil in them 18. Give Pages 1, 2, and 3 to the varded to the Chief Medical Examiner's Office olong with form PM3. "mage 5 may be retained to NNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the VS. A15ME(S) 5M 9/55

or removal.

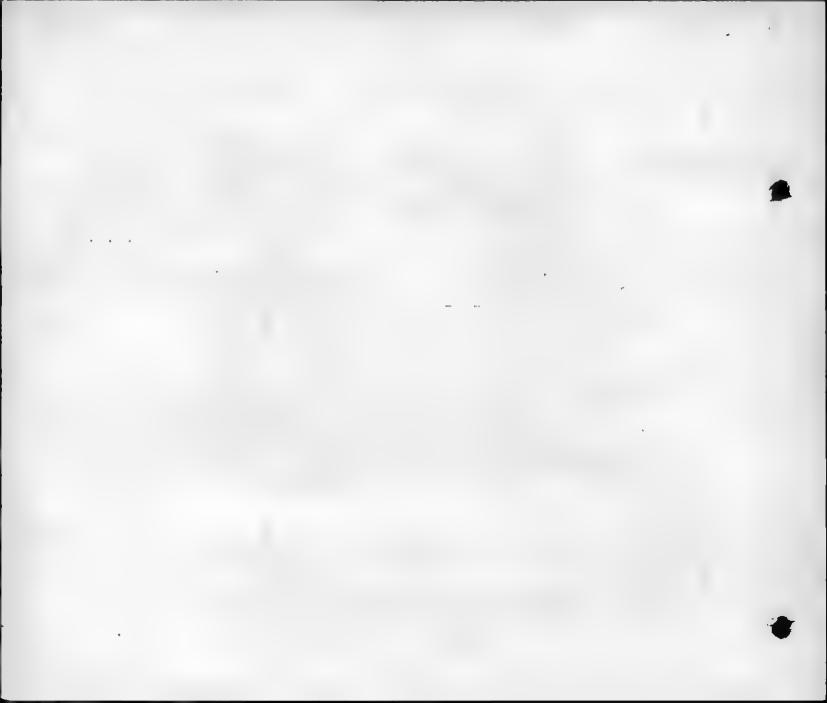
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If any delay is necessary, please exe-te funeral director. Norm 4 should be any files. gistrar priar la burial, crematian,



within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



03357

	0000 CERTIFICA					TIE O	DEATE	Reg. Dist. No.				
	1. PLACE OF DEATH O. COUNTY					2 USUAL	RESIDENCE (WI	here decease	d lived. If institut		e before ad	mission)
,		Harford		MARY	LAND	o. STA		vland	b. COUNTY	Harf	bro'	
	b. CITY OR TOWN (IF	outside carparate limi	ts, write c.	LENGTH OF STAY	IN 16	c. CITY	B. 7 =	7 100 7 10 0 0	prote limits, write i			lown)
	RURAL ond give near		1-P.0	. 30 VI	ne.	X R11	Rural - White Hall P.O.					
	d. NAME OF HOSPITAL				, D		EET ADDRESS	112140	<u>مل بعاد بالم کا ۱۲ ک</u>			RESIDENCE
	OR INSTITUTION	vsville				Sh	awsvil	Te				N A FARM?
	3. NAME OF	Fir	st .	Middle		1 221	Lost	4. DATE	Mar	ath	Day	Year
	DECEASED (Type or print)	Marv El	len		Tit	r-T-o		05	Mar. 17		20)	1960
		6. COLOR OR RACE				B. DATE OF	BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS
	Female	C	WIDOWED [			Apr.	7- 18	79	last birthday) SO yrs.	Months (	Days Hou	urs Min.
	100. USUAL OCCUPATION	(Give kind af work	done 10b. KIN		R INDUS					12 CITIZ	EN OF WI	HAT COUNTRY
	during most of workin House will	-	' I	: :666666666666666	36-35	Ra	ltimor	00 0	MA	TT	S.A.	
	13. FATHER'S NAME						HER'S MAIDEN N		Mas		3.00	
ļ	Edward H	arris				T.O	uise A	mna				
	15. WAS DECEASED EVER	IN U. S ARMED FOR		CIAL SECURITY NO	), 17. P	VFORMANT	CLDO III	1102	Add	Iress		
	IYes, no. or unknown) (III	yes, give wor or dates of s		None	Λ~	ite	Redd -	2557	Madisc	× 1 ***	. 72.0	7 4 3/1
	18. CAUSE OF DEATH	1 (Enter only one co				1 1/21	neau -	6001	nacu.sc	II EVE		BETWEEN
i	BART I DEATH	WAS CAUSED BY:			•		main		l om då o	0000	ONSET A	ND DEATH
	1/22	MMEDIATE CAUSE (o		TO SCIE	LOL.	LC Ca	TUTO A	a scu.	rar ars	zase.		
	Canditions, if any	. /										
	gave rise to im-	mediate ( Duc so										
	cotse (o), stoting the lying couse last.	under:										
en.		R SIGNIFICANT CON		TRIBUTING TO DE	ATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	/FN IN PART	1(a) 19. W	AS AUTOPSY
)	PART II. OTHE										PE	RFORMED?
	E 200. ACCIDENT WAS	UNDERLYING []	20b. DESCRIB	E HOW INJURY O	CCURRED	). (Enter not	ure of injury in	Part I or Par	t 11 of item 18.)		1123	1407
	200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH										
			or 20d. INJU	RY OCCURRED	20e. PL/	CE OF INJ	URY (Home, farm	20f. (Cin	r or town)	IC.	ounly]	(Stole)
	20c. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while	fac	tory, street,	office bldg., etc	.)	,	100	,,,,,,,	(0.0.0)
				·		10	1.7	dona T	7			
	21. I certify that alive on Mar.		deceased						7, 19 <u>60</u>			
	alive on <u>tricit</u>	<u> </u>		, ond that	death	occurred			n the causes of treet, city or town.		e date st	
	ACTUAL SIGNATURE	1. M	7	ense						state)	1	DATE SIGNE
1	SIGNATURE	1. 101.	1/1	anne		M.D	Pari	cton,	MCL		.3/1	<u>7,46Ω                                    </u>
	PHYSICIAN'S NAME (Type)	7. M. F	RA	WCE					<b></b>		· ·	
	220 BURIAL CREMATION REMOVAL (Specify)	226. DATE THEREC	)F 2	C. NAME OF CEM	ETERY OF	CREMATO	RY	22d. LOCA	TION (City, town,	or county)	{	Stole)
	Burial	Mar 2	1-60	Pine G	rove	3		Harf	ford Co.	Md.		
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST		STRAR'S SIGN	NATURE	
	C.E. Hicks	111 Fre	deric	k. Mary	lan	i	DATE	IAR 23	60	unout d.	Thouse.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 AERAL DIRECTOR: After this certificate has been signed by the attending physician and camples AERAL DIRECTOR: After this certificate has been signed by the attending physician and camples 3 should be detached for use as the burial-transit permit. Then please remays\_carbon papers registrar priar to burial, cremation, or remayal, and in any event within 72 pours offer death.

VS A15 (4) 15M 9/55

in by the funeral director, and 2 should be filed with

M



death ploods within physician havrs гетоме | Guipua 72 0 VS A15 (4) 15M 10/57

director

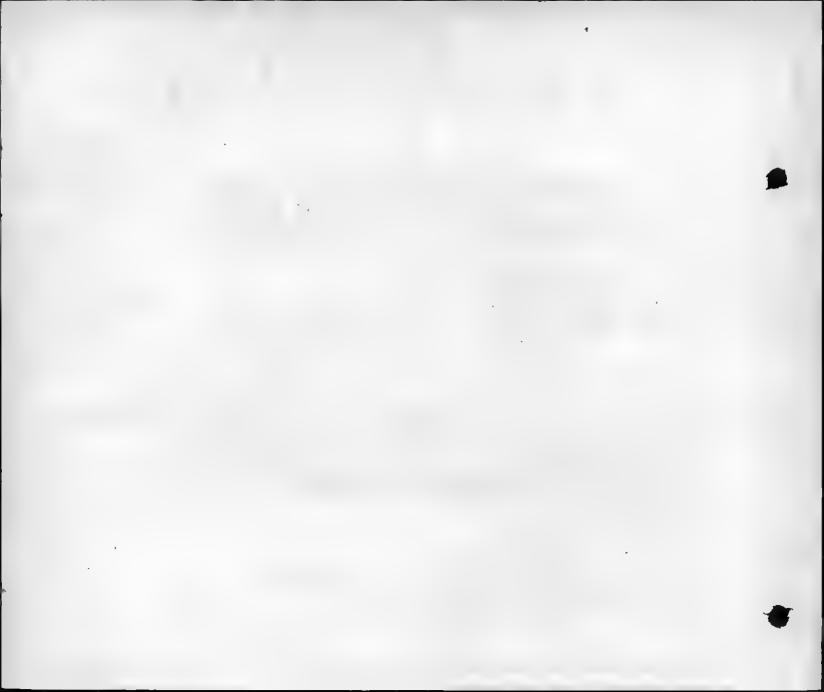
Filed

· COUNTY

NAME OF

DECEASED

5. SEX

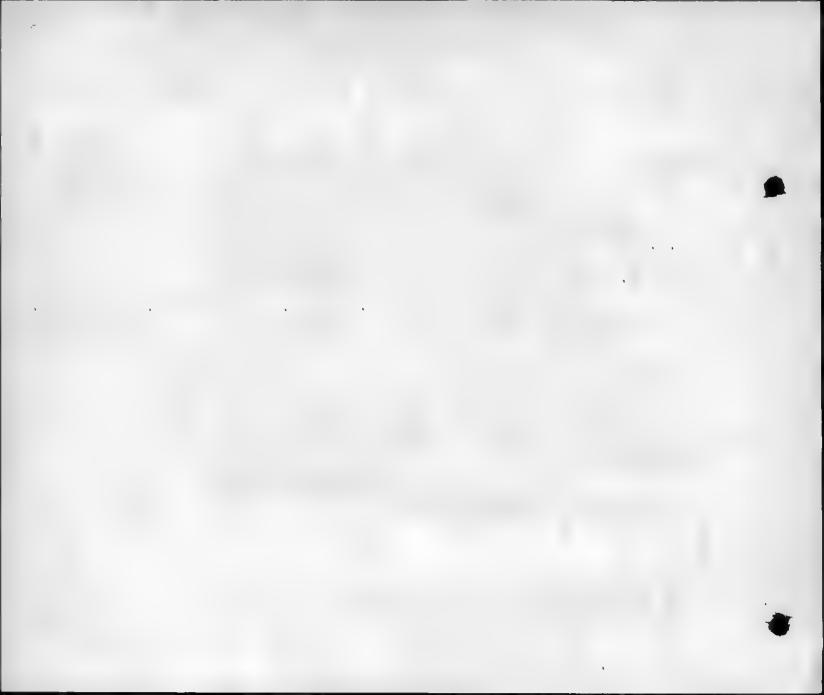


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND ay is neessary, pl director, Page 4: burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest fown) p d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? files. YES TO NO T NAME OF 4. DATE Lout DECEASED OF DEATH (Type or print) 6/ COLOR OR RACE NEVER MARRIED 18. DATE OF BIRTH AGE (In years 7. MARRIED IF UNDER TYEAR IF UNDER 24 HRS. retained 12 with the lost birthday) Months Days WIDOWED [7] DIVORCED if yes. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) puo imore. Maryland Vavu Active may 13. FATHER'S NAME ouise Holland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Joppa Road 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) a burial-tro≡sit **DUE TO** Canditions, if any, which gove rise to Immediate couse DUE TO (o), stoting the underlying couse last. ø Office in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS ő PERFORMED? pasn NO [ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I ar Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. As the certificate, writing the ward varded to the Chief Medical Exami Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while at work of work 27. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 💫 Inquiry Suicide X. Accident | |, Homicide , Undetermined couse DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Meadowaidoe Mem Park 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

305 Hartord Road #14

Circles & Kings

VS. A15ME(5)



VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3352 CERTIFICATE OF DEATH

Reg. Dist. No.

03360

		( og: wist, vie,
1.	PLACE OF DEATH o. COUNTY Har ford MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside carpocate limits, write RURAL and give nearest lawn) Grace Hamilton Hamilt	c CITY OR/TOWN (If putside carporote limits, write RURAL and give nearest town)
	J. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FIGURE FOR A PROPERTY OF THE STREET O	d. STREET ADDRESS ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	Weir Last 4. DATE Month Day Year DEATH March 5, 1960
5.	Sex   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1. MARRIED   DIVORCED	8 DATE OF BIRTH Aug. 20, 1889  9. AGE (In years   IF UNDER LYEAR IF UNDER 24 HRS.
√ ₹.	DUSUAL OCCUPATION (Give kind of work done)   during most of working life, even if retired)   Own Reference   Common Part   Commo	USTRY 11. BIRTHPLACE (Store or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME! B. Weir	14 MOTHER'S MAIDEN NAME Jackson
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (19 year, give wor or dofes of service)	atha to Cwiny 8+D-Port Deposet
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Noscolar Recident Interval Between ONSET AND DEATH
	Conditions it any which ) DUE TO Strike Trus	is Condion Vascoling 5 ms.
	gave rise to immediate couse (a), stating the under-lying cause lost.	disease
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	DT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
		RED. (Enter nature of injury in Port I or Port II of stem 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, m. 19 While Not while of work 1	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) (octory, street, office bldg., atc.)
	21. I certify that I attended the deceased from Jone alive an March of 2, 196 6, and that death	19:55, to Misure 5, 1963, that I last saw the deceased
	ACTUAL AC	ADDRESS (Street, city or town, state)  DATE SIGNED
	PHYSICIAN'S G.H.Richards Jr.	_M.D
22/	BERTON Decify) 3-8-1960 22c. NAME OF CEMETERY C	
23.	FUNERAL DIRECTOR'S SIGNATURE  SLA CATTERSON + SOM Perryvi	Port Deposit, Md. Rural  240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE  11e Md DATEMAR 8 '60 Only 8 Krous
		Principles of the Control of the Con



CERTIFICATE OF BEATU

18	1
requires that the death certificate be executed within 24 haurs after death. Page 4	on is signed by the attending physician and campletel ed in by the funeral directar, it permit. Then please remave carbon pagets. Pages I and 2 shauld be filed with
r death.	funeral
ours ofte	in by the
ithin 24 §	Page 1
ecuted w	complete
ate be ex	cian and carbon
n certifice	ing physi
the deat	e attend
ires that	ned by the
nba.	si p

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital ar attending physician.

TO ERAL DIRECTOR: After this certificate has been signed by the attending physician and campage 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

10 VS A15 (4) 15M 10/57

		003	CERTIFIC	CERTIFICATE OF DEATH						Reg. Dist. No.				
1, PLACE OF DEATH a. COUNTY	Harfor	đ	3 MARYLAND	2. USUAL RES o. STATE	Maryl	_	l lived. If instituti b. COUNTY		nce befo		ion)			
b. CITY OR TOWN ( RURAL and give n	If outside corporate limitearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corpor	rate limits, write R	URAL and	give ne	arest fowr	1]			
Joppa			24 yrs	X	Joppa									
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street	address)	d. STREET	ADDRESS					e. IS RES ON A YES	FARM?			
3. NAME OF DECEASED	Fi	rst	Middle	Lo	rst	4. DATE	Mon	th	De	ıy .	Yeor			
(Type or print)	Irvi	n	М.	Wimmer		DEATH	Ma	ar.	26	5	19 60			
5. \$EX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRIED	B. DATE OF BIRT	гн		9. AGE (In years			IF UNDE	R 24 HRS.			
male	white	WIDOW	ED DIVORCED	Aug.20	,1896		lost birthday) 63 yrs.	Months	Days	Hours	Min.			
during most of wor	king life, even if refired	)	KIND OF BUSINESS OR INDI	945			ountry)	12. CI			COUNTR			
13. FATHER'S NAME	nventory		U.S. Govt.,	14. MOTHER	rginia				Ues	3.A.,				
				14. MOTHER	3 MAIDEN N	IAME								
Will	iam E. Wim	ner	rockly security the 13	INFORMANT	ora E.	Walto								
(Yet, no, or unknown)	(If yes, give wor or dates of a	(CESY 18.			Λ T.T.1		Add			- A				
yes		1		Frances A	A. WIH	mer,	Joppa	, Ma	ryle					
	ATH [Enter only one of ATH WAS CAUSED BY:	suse per li	ne for (o), (b), and (c).]	. 100	.0.	,			ON	ERVAL BE	DEATH			
	IMMEDIATE CAUSE (		Manan	1 CC	elu!	den			1	Om	427			
4201	DUE TO		Enterial &	- O- T	- 1	- +	1.0.		1	,				
Conditions, if a		1(	exterior >	record	u n	care	custos	0		Silve	4			
cause (a), stating														
lying cause lost.		)(												
PART II. OT	HER SIGNIFICANT CON	IDITIONS_	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT I(o)	PERFO	AUTOPSY RMED? NO 🔀			
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b, DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in I	Port I or Part	tl of item 18.)							
ZOc. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	or 20d. II While at war	Not while fo	LACE OF INJURY octory, street, office	(Home, form te bldg., etc.	, 20f. (City	or town)	-	(County)		(Stole)			
21. I certify th	nat Lattended the	deceas	ed from Jan 13	1960	1. to 7	nord	126, 1960	2 that I	lost s	aw the	deceas			
alive on )	north 26	. 19 6		h accurred at	8 p		the causes o							
	1 1	4 /	/ /	4000,100 01			reet, city or town,		ine au		ATE SIGN			
ACTUAL	hed &	1/4	of and	44.5	ELA	Dir	ord			3.	-27-1			
31GMATORE				. M.U		26266								
PHYSICIAN'S NAME (Type)	Fred O. H	odus		E	dgewoo	od M	aryland.							
220. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMETERY C	OR CREMATORY			ION (Cily, town,			(Stote	e)			
Hurial	Mar. 29.	1960	St Stephens			Brads	haw, Bal	to.,	M	d.,				
23 FUNERAL DIRECTOR	s signature	wh	Abingdon, M	laryland.		R 3 0 '6		STRAR'S SI		-				
MONWAY!	The last	Y			DATE MA	11 0 0 0	- U	the form	· /wa	na Alb				

MALYLAND STATE DIVASTILLING OF HATTH-TAKETIMORS. Clored Lavernorm data: 1 dersoon to retain. 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) n. COUNTY If any delay is never the funeral director. Page for vour files. b. COUNTY Harford MARYLAND b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest lown) write RURAL and give neerest lown)
Harve de Grace ö Monkton Q Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS retained f Harford Memorial Hospital Route death. 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) RUTH EVA DEATH March with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and 2 w last birthday) Months Female White an WIDOWED DIVORCED November 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page hit. File pages 1 and event within 72 h done during most of working life, even if retired) Housewife Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Hannibal Lene Schultz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive wer or detes of service) with Family Records None certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). Office along w a burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Multiple fresh and recent myocardial infarcts in pencil DUE TO generalized coronary sclerosis removal. Conditions, if eny, which "pending" geve rise to immediate cause 10 Examiner's DUETO 95 (a), stating the underlying nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19, WAS AUTOPSY CERTIFICATION 99 base execute the certificate, writing the word should be forwarded to the Chief Medical EVUNERAL DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Port II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. al work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry Natural causes X Suicide Homicide death resulted from: Accident Undetermined manner designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Jacksonville Reformed Cem. Jecksonville, Maryland Mar. 31, 1960 Burial 0 246. REC'D BY REGISTRAR J. 24b. REGISTRAR'S SIGNATURE VS. A15ME John Burns' Sons, Towson, Maryland arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO

1960

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

YES X

and in my opinion

DATE SIGNED

3/28/60

(County)

USA

5M 7/59

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